

**Diabetic Ketoacidosis Nursing Flowsheet**

<p><b>Initial Workup DATE:</b> _____</p> <p><b>Start Time:</b> _____</p> <p><input type="checkbox"/> Initial Labs: Time Drawn _____</p> <p>BMP every 4 Hours</p>	<p><input type="checkbox"/> UA obtained</p> <p><input type="checkbox"/> CXR obtained</p> <p><input type="checkbox"/> EKG obtained</p> <p><input type="checkbox"/> ABG obtained</p> <p><input type="checkbox"/> NPO</p>
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<p><b>HOUR 1-2 Time:</b> _____</p> <p><b>IV FLUID</b> Initial K+ _____</p> <p>0.9% NaCl @ 1,000 ml/hr x2 bags</p> <p>#1 _____ #2 _____</p> <p>(Time fluid hung)</p>	<p><b>INITIAL Lab Result</b> Time: _____</p> <p>NO LABS Hour ( 1-2)</p> <p><input type="checkbox"/> ABG if ph &lt; 7, see order</p> <p><input type="checkbox"/> Orders sent to Pharmacy</p> <p><b>INSULIN:</b></p> <p><input type="checkbox"/> Hourly Blood Glucose (record on flowsheet)</p> <p><input type="checkbox"/> If Blood Glucose &lt; 200 mg/dL see fluid change orders</p>
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<p><b>Hour 3-4 Time:</b> _____</p> <p><b>IV FLUID</b> Initial K+ _____</p> <p>0.9% NaCl @ 500 ml/hr x2 bags</p> <p>#1 _____ #2 _____</p> <p>(Time fluid hung)</p> <p><input type="checkbox"/> Additional K Replacment if K+↓ 3.3</p> <p>Time: _____ Time: _____</p> <p><b>Infuse K replacement on separate IV site - Continue primary fluid rate.</b></p>	<p><b>LABS:</b></p> <p><input type="checkbox"/> BMP #1 draw @ hour 4</p> <p>Time Drawn: _____</p> <p><input type="checkbox"/> ABG if ph &lt; 7, see order</p> <p><b>INSULIN:</b></p> <p><input type="checkbox"/> Hourly Blood Glucose (record on flowsheet)</p> <p><input type="checkbox"/> If Blood Glucose &lt; 200 mg/dL see fluid change orders</p>
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<p><b>Hour 5-8 Time:</b> _____</p> <p><b>IV FLUID</b> -based on 4 hr K+ _____</p> <p>0.9% NaCl @250 ml/hr x 4 hrs</p> <p>#1 _____</p> <p>(Time fluid hung)</p> <p><input type="checkbox"/> Additional K Replacement if K+↓ 3.3</p> <p>Time: _____ Time: _____</p> <p>Time: _____ Time: _____</p> <p><b>Infuse K replacement on separate IV site - Continue primary fluid rate.</b></p>	<p><b>LABS:</b></p> <p><input type="checkbox"/> K+ result _____ (hour 4)</p> <p><input type="checkbox"/> BMP #2 draw @ hour 8</p> <p>Time Drawn: _____</p> <p><input type="checkbox"/> ABG if ph &lt; 7, see order</p> <p><b>INSULIN:</b></p> <p><input type="checkbox"/> Hourly Blood Glucose (record on flowsheet)</p> <p><input type="checkbox"/> If Blood Glucose &lt; 200 mg/dL see fluid change orders</p>
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<p><b>Hour 9-12 Time:</b> _____</p> <p>IV FLUID Maintenance---Call Dr. to select</p> <p><input type="checkbox"/> 0.45% NaCl @250 ml/hr</p> <p><input type="checkbox"/> 0.45% NaCl w/ 20 meq KCL@ 250ml/hr</p>	<p><b>LABS:</b> K+ result _____(hour 8)</p> <p><input type="checkbox"/> BMP #3 Draw @ hour 12</p> <p>Time Drawn: _____</p> <p><b>INSULIN:</b></p> <p><input type="checkbox"/> Hourly Blood Glucose (record on flowsheet)</p> <p><input type="checkbox"/> If Blood Glucose &lt; 200 mg/dL see fluid change orders</p>
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PT.

MR.#/P.M.

DR.

## WHEN IS DKA RESOLVED?

**BG < 200 mg/dL + 2 of the following**

**PH > 7.3, Anion Gap ≤ 12, Bicarb ≥ 15**

**If Yes, Call Physician for further orders:**

- Subcutaneous Insulin and diet
- Basal given Time: \_\_\_\_\_
- 2 Hours after Basal given; Discontinued Insulin drip, fluids, electrolytes per physician orders

BG/Insulin Management      Follow DKA order for Insulin titration rates

**\*DO NOT** increase by more than 10 unit/hour \*

DKA Hour	Time	Glucose Level	Current Insulin Rate unit/hour	New Insulin Rate unit/hour	Maintenance Fluids and Rate ml/hr	K+ Level	K+ Replace Y/N	Labs Drawn	ABG's every 2 hr. until ph > 7
Sample	0800	230	4	8	0.45% Nacl 250	2.0	Y	✓	✓
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ER RN Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

CC RN Signature 7A \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

CC RN Signature 7P \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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MR.#/P.M.

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