

DIABETIC KETOACIDOSIS

30 Second Review

Diabetic Ketoacidosis

RN

DEF: Insulin deficiency resulting in severe metabolic disturbance of protein, fat and carbohydrates.

S/S: Patient has excessive thirst, N/V, fatigue, fruity breath, low BP, rapid pulse, and mental confusion.

RX: Blood sugar test, test urine for ketones; if blood Sugar greater than 250 **and** patient is **confused**, Notify practitioner and prepare for transport to ER.

SKILL LEVEL: RN

DEFINITION: Decrease of insulin causing severe disturbance of protein, fat, and carbohydrates metabolism. In Diabetic Ketoacidosis the patient is acidotic and in danger. Ketones are present in the blood and urine. **Diabetic Ketoacidosis is a medical emergency.**

DATA BASE:

Subjective: Any or all of the following can be present

"I'm thirsty all the time." Not hungry, feel nauseous, vomiting. Frequent urination. Abdominal pain. Confusion and fatigue. History of diabetes, but patient may not yet be diagnosed.

Objective:

"Fruity" breath odor, fever, mouth and skin dry, low blood pressure, rapid thready pulse, deep or rapid breathing, mental confusion, orthostatic hypotension.

Assessment: Possible Diabetic Ketoacidosis

Plan:

1. Thoroughly check and elicit medical history.
2. If taking insulin or oral medications, make note of:
 - a. Time last taken.
 - b. Amount.
 - c. Any recent blood glucose measurements.
 - d. If patient is on an Insulin pump, risk is quite increased.

Diabetic Ketoacidosis

- 3. Capillary Blood Glucose (CBG) stat. May dip urine for ketones.
- 4. If CBG is higher than 250 and patient is confused or obtunded, arrange emergency hospital transport.
 - a. Evaluate Airway, Breathing, Circulation (ABC's)
 - b. Use Oxygen as indicated, high flow if patient is unconscious.
 - c. Establish IV access and start Normal Saline at 200cc/hr.
 - d. Call practitioner (without delaying transport preparations).
- 5. Reevaluate seriousness of patient condition as long as patient is not confused or obtunded (i.e., no mental status changes).
 - a. If patient reports thirst and/or increased urination without other signs and symptoms, go to Hyperglycemia protocol.
 - b. If CBG is less than 250, and patient mental status is ok, an appointment should be made with practitioner at the next available time. Consider calling the provider for further advice. (Diabetic Ketoacidosis is unlikely but symptoms are unexplained.)
 - c. If CBG is more than 250, patient has symptoms, ketones in the urine, and normal mental status, call practitioner to discuss plan. Consider chem panel with CO2, glucose, sodium, potassium.

APPROVED:

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Date

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2/24/2015

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Date

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