**STEP 1**

**CHECK K LEVEL**

- **Hold Insulin**
- *Give 20mEq first (then recheck K level, 1hr after infusion)*
- *Once K level >3.3 may start insulin drip*

**K <3.3**

- Once K >3.3 follow below

**K 3.3-5.3**

- Start IVF with 20mEq KCL
- Serum Na Level

**K >5.3**

- Do NOT give K
- Serum Na Level

**Na <136:**
- 0.9% NaCl c 20mEq KCL (250 to 500ml/hr)
  - Depending on volume state

**Na 136-146:**
- 0.45% NaCl c 20mEq KCL (250 to 500ml/hr)
  - Depending on volume state

**Na >146:**
- 0.45% NaCl (250 to 500ml/hr)
  - Depending on volume

**STEP 2**

**IV INSULIN INFUSION**

- Regular Insulin: 0.1units/kg IV bolus
- 0.1units/kg/hr IV continuous insulin infusion
- If serum glucose does not fall by 50 to 70mcg/dL per venous draw in 1st hour, double IV infusion (only double once)

When serum glucose reaches 200mg/dL,
- change to 5% dextrose with 0.45% NaCl at 150-250ml/hr

**If glucose >200 while on insulin drip,**
- change IVF back to NaCl

When serum glucose reaches 200mg/dL,
- reduce insulin infusion to 0.05units/kg/hr
- then titrate insulin Q1hr from 0.02 to 0.05units/kg/hr by 0.02units/kg/hr
- Keep serum glucose between 150-200mg/dL until resolution of DKA
- **If blood glucose <150mg/dL call MD for further orders**

**LABS:**
- Stat: CBC, ABG, BMP, MAGNESIUM, PHOSPHOROUS, HA1C, B-HDB, LIPASE
- Serial: BMP Q6HRS x 48hrs, Venous glucose Q1hr x2
- Daily: B-HDB (discontinue lab draws when drip stopped)

When to Call DM for D/C of drip:
- Anion gap is < 12 & serum bicarbonate level (CO2) > 21 call for discontinuation of insulin drip
- •After resolution of DKA & when patient is able to eat, initiate sliding scale insulin (see Insulin Sliding Scale Order Policy for details)
- • Continue IV insulin infusion for 1 hour after subcutaneous insulin given

Glucose < 71, see hypoglycemia orders (see Hypoglycemia orders for details)