

Patient with Suspected DKA

Please order:
 CBC, CMP, Mg, Phos, VBG, Beta-Hydroxybutyrate, c-peptide, HA1C, BCx, troponin, UA, EKG, CXR.
 It is important to look for the underlying cause of the DKA to treat in addition to the DKA

pH < 7.0, HCO₃ < 10, or Pregnant
YES NO

Glucose check (finger sticks) Q3hours
 Check **Electrolytes**: BMP, Magnesium, Phos , VBG q4-6h
 K < 3.2: Hold insulin until > 3.3. K 3.3-4: 40 mEq. K 4.1-5: 20 mEq.
Magnesium replete if < 1.5. **Phos** replete if < 1. **Na**: correct for hyperglycemia.

	Insulin Drip Protocol	Fluids same for both Drip and SQ	SQ Insulin Protocol*
Initiation	Glargine 0.1 units/kg SQ Reg insulin IV gtt: Bolus 0.1 units/kg + 0.1units/kg/hr	Bolus of Plasmalyte 500mL-1L over first hour based on clinical judgement of volume status	Glargine 0.2 units/kg Lispro 0.2 units/kg
FS > 250	Titrate: ΔGlc <50: ↑gtt 20% ΔGlc 50-75: No Δ ΔGlc >75: ↓gtt 20% Please talk to provider for changes in the insulin drip rate	Plasmalyte/LR: 125mL/hr for 1L. Reassess fluid status and continue prn	ΔGlucose <75, lispro 0.2 units/kg q3h ΔGlucose >75, lispro 0.1units/kg q3h Please talk to provider for changes in the insulin dose
<p>→ If pH>7.2 & bicarb>14 but gap is > 12. Consider transition to SQ regimen Make sure to give the lispro 30 minutes before stopping the gtt</p>			
FS < 250	Titrate: ↑Glc >50: ↑gtt 20% ↓Glc >50: ↓gtt 20% Stable: No Δ	Start D5 ½ NS. Titrate to maintain FS > 200 If D5 at >150 ml/hr switch to D10	Lispro 0.1 units/kg q3h
Gap < 12, HCO ₃ > 18, pH > 7.3	<20 hrs since insulin glargine: Glargine 0.1 units/kg >20 hrs since insulin glargine: Glargine 0.2 units/kg, stop gtt 1 hr later Prandial insulin lispro [‡]	Stop fluids and give PO diabetic diet	Continue glargine 0.2units/kg q24h Prandial lispro [‡]

* If ESRD: Half SQ doses. If on steroids, increase SQ doses by 50%

‡ Prandial lispro=Lispro 0.06 units/kg SC TID AC. Also give sliding scale insulin in addition QAC and QHS

It is important to frequently reevaluate the patient to assess the need for fluid resuscitation. The balance between fluid resuscitation in DKA vs worsening the respiratory status of the COVID-19 patient is important.

These treatment recommendations are made to meet the pressing needs due to COVID19. Treatment recommendations have not been validated in clinical trials and are based on expert opinion