



# PHYSICIAN'S PREPRINTED ORDERS

<b>TITLE:</b>	<b>DIABETIC KETOACIDOSIS ADMISSION ORDERS</b>
<b>PHYSICIAN/GROUP:</b>	<b>EIRMC HOSPITALIST SERVICE</b>

1. **Diagnosis** \_\_\_\_\_

2.  Place in EIRMC Hospitalist Program  
 Admit as an inpatient to \_\_\_\_\_  Telemetry

3. **Allergies:**  
 NKDA  
 Other \_\_\_\_\_

4. **Code Status**  
 Full  
 Do Not Resuscitate

5. **Vital Signs:**  
 Q 2 hr     Q 4 hr     Q shift  
 Other \_\_\_\_\_  
 Neuro Checks Q \_\_\_\_\_  
 ETCO<sub>2</sub>  
 Daily weights

6. **Activity:**  
 Physical Therapy eval and PT with ROM  
 OT Consult  
 ST Consult  
 BR privileges  
 OOB with assist  
 OOB ad lib

7. **Diet:**  
 Regular  
 ADA \_\_\_\_\_ cal diet  
 AHA diet  
 NPO  
 NPO except meds  
 Consult Nutrition  
 \_\_\_\_\_

8.  O<sub>2</sub> @ \_\_\_\_\_ L/min     Titrate from \_\_\_\_\_ to \_\_\_\_\_  
 Pulse Oximeter     ABG

9. Smoking Cessation counseling if indicated

10. **Vaccines:** Pneumovax IM and seasonal Flu vaccine, if indicated

11. **IV:**

NS at \_\_\_\_\_ ml/hr. When blood glucose is <300 mg/dl, then change to D5 ½ NS at the same administration rate.

IV Potassium –  
- If serum potassium is <5 mEq/L, then add 30 mEq/Liter to initial IV fluid and subsequent liters  
- If serum potassium is ≥5 mEq/L, then add 30 mEq/L starting at the second liter of IV fluid and subsequent liters

IV Magnesium – if serum magnesium is ≤1 mEq/dL, infuse magnesium sulfate 6 gm IV over 2 hours

IV Phosphate – if serum phosphorous is <1.8 mEq/dl, infuse 0.64 mmol/kg of K-Phos over 3 hours.  
- draw repeat phosphorous level after infusion and call MD with result

12. **Glycemic Control**

Bolus: Regular Insulin 0.15 units/kg IV (max of 10 units)  
 Insulin Drip: 0.1 units/kg/hr  
Do not decrease rate of insulin without an order  
Encourage PO intake of high carbohydrate foods if blood sugars are low; if pt unable to keep blood sugars up with PO intake, change IV fluids to D10 ½ NS at the same rate with appropriate potassium if indicated

Goal Blood Glucose Level: \_\_\_\_\_

Please call MD for orders if blood glucose level does not fall by 100 mg/dl after 2 hours

Start Lantus at \_\_\_\_\_ units SubQ once daily (0.1-0.15 units/kg generally) when HCO<sub>2</sub> is ≥ 18

Fingerstick blood glucose q 1 hr until BG is <250 mg/dl. Then q2 hr thereafter.



Patient Identification

**13. DVT Prophylaxis:**

- Lovenox \_\_\_\_ mg SubQ every \_\_\_\_ hr
- Arixtra \_\_\_\_ mg SubQ every \_\_\_\_ hr
- Heparin 5000 units SubQ every \_\_\_\_ hr
- SCDs bilaterally
- Removable IVC filter in AM
- Other \_\_\_\_\_
- Contraindication: \_\_\_\_\_

**14. Other Medications:**

- Zofran 4 mg IV or PO q 4 hr severe nausea
- Colace 100 mg PO BID with 8 ounces of water
- Metamucil 1 packet with water  daily  BID  prn
- Dulcolax 10 mg PR  now  daily  prn
- Other \_\_\_\_\_
  
- Nicotine patch \_\_\_\_ mg q 24 hr
  
- Tylenol 650 mg PO or PR prn mild pain or temp > 101.5
- Morphine \_\_\_\_ mg IV q \_\_\_\_ hr prn severe pain
- Fentanyl \_\_\_\_ mcg IV q \_\_\_\_ hr prn severe pain
- Hydrocodone/APAP \_\_\_\_ mg q \_\_\_\_ hr prn moderate pain
- PCA (see order sheet)
- Other \_\_\_\_\_
- Consult Pain Management Service

**15. Labs – now, if not already done**

CBC & diff, Chem 13, Acetone, UA, Lipase, Magnesium, Phosphorous, Urine β-HCG (female), Cardiac profile (if pt > 30 yrs old)

**4 hours after IV fluids and insulin treatment are started:**

Magnesium, Phosphorous, Chem 7

**Labs, in AM:**

- CBC & diff       Chem 13       UA, C/S
- Serum ketones    Chem 7      if indicated
- Urine ketones     Magnesium    HbA1c
- Lipase             Phosphorous    TSH/Free T4
- Acetone            ABG
- Other \_\_\_\_\_

**16. Imaging, in AM:**

- CXR, PA and Lat
- CXR, Portable
- \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Time



Patient Identification