**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 provider 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.


**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. Use of insulin pump (increases risk).
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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 if patient has altered mental status, 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 objective symptoms, ketones in the urine, and normal mental status, call practitioner to discuss plan. Consider Chem Panel with CO2, glucose, sodium, potassium.

APPROVED:

_________________________________________  __________________________
Medical Services Manager                Date

_________________________________________  __________________________
Chief Medical Officer                Date

_________________________________________  __________________________
Clinical Medical Director                Date

Effective Date: ____________________________
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