



# For Back Up Use

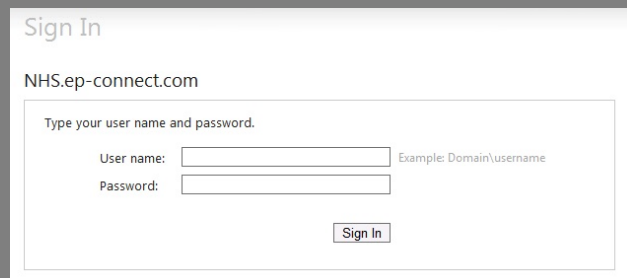
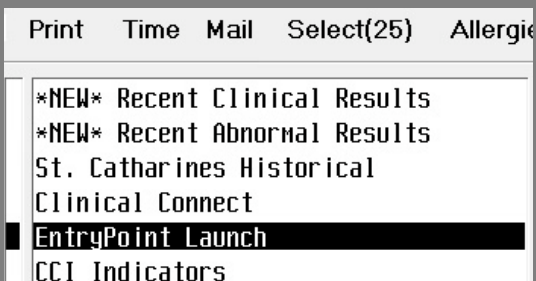
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on  
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for “EntryPoint Launch” and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.



Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Allergies \_\_\_\_\_

<b>Emergency Department (ED) Paediatric Diabetic Ketoacidosis (DKA) Initial Management Order Set</b>		M	K	O
Orders Processed Date (dd/mm/yyyy)	<p><b>***Follow-up orders (e.g. Pediatric Suspected Diabetic Ketoacidosis Admission Order Set) must be completed as these orders are for Emergency Department use only***</b></p> <p><input checked="" type="checkbox"/> Complete Best Possible Medication History Reconciliation and Prescriber Order Form (ORD37)</p>			
Time (hhmm)	<p><b>Consults</b></p> <p><input type="checkbox"/> _____ Call placed at: _____</p>			
By	<p><b>Diet</b></p> <p><input checked="" type="checkbox"/> Diet as tolerated, age appropriate</p>			
Status	<p><b>Vitals/Monitoring</b></p> <p><input checked="" type="checkbox"/> Height and Weight to be documented in Meditech    <input checked="" type="checkbox"/> Cardiac Monitoring</p> <p><input checked="" type="checkbox"/> HR, RR, BP, SpO<sub>2</sub> and neurovital signs (CNS) q1h x 4 hours; <b>Notify Physician if change in mental status</b></p>			
Processing Reviewed by	<p><b>Lab Investigations</b></p> <p><input checked="" type="checkbox"/> CBC    <input checked="" type="checkbox"/> Magnesium    <input checked="" type="checkbox"/> Blood Ketones with initial blood work</p> <p><b>Lab Investigations to be done STAT THEN 1 hour after IV Bolus Initiated THEN q2h x2</b></p> <p><input checked="" type="checkbox"/> Na, K, Cl    <input checked="" type="checkbox"/> TCO<sub>2</sub>    <input checked="" type="checkbox"/> Glucose    <input checked="" type="checkbox"/> Creatinine    <input checked="" type="checkbox"/> Urea    <input checked="" type="checkbox"/> Venous Blood Gases</p>			
Status	<p><b>Additional Lab Investigations</b></p> <p><input checked="" type="checkbox"/> Urine Ketones <b>STAT and with every void</b></p> <p><input type="checkbox"/> Insert indwelling catheter and connect to urometer; Obtain Urine Ketone q4h</p> <p><input checked="" type="checkbox"/> Capillary Blood Glucose <b>STAT</b> then q1h</p> <p><input type="checkbox"/> Additional Labs: _____</p>			
Faxed by	<p><input checked="" type="checkbox"/> Inform physician immediately if any of the following occur:</p> <ul style="list-style-type: none"> <li>• Blood Glucose is less than 5 mmol/L</li> <li>• Blood Glucose falls greater than 5 mmol/L per hour</li> <li>• BP consistent with <b>Vascular Decompensation</b> – see algorithm</li> <li>• Change in neurological status including headache, irritability, decreased level of consciousness, and/or seizure</li> </ul>			
	<p><b>Pain and Fever Management</b></p> <p>Maximum acetaminophen from all sources 75 mg/kg, up to 4,000 mg, in 24 hours</p> <p>Maximum ibuprofen from all sources 40 mg/kg, up to 2,400 mg, in 24 hours</p> <p><input type="checkbox"/> acetaminophen _____ mg    <input type="checkbox"/> PO    <input type="checkbox"/> PR    q _____ h PRN (10 – 15 mg/kg/dose)</p> <p><input type="checkbox"/> ibuprofen _____ mg PO q _____ h PRN (5 – 10 mg/kg/dose, up to 400 mg per dose)</p> <p><input type="checkbox"/> Other: _____</p>			

Telephone Order \_\_\_\_\_  
 Ordering Practitioner, Designation      Signature      Date/Time (dd/mm/yyyy hhmm)

If Telephone Order \_\_\_\_\_       Read Back  
 Ordering Physician      Date (dd/mm/yyyy)      Time (hhmm)



**Chart Copy – Do Not Destroy**

Rev. 12/2017/V3    ORD180

Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Allergies \_\_\_\_\_

<b>Emergency Department (ED) Paediatric Diabetic Ketoacidosis (DKA) Initial Management Order Set</b>		M	K	O
Orders Processed Date (dd/mm/yyyy) _____  Time (hhmm) _____  By _____  Status _____  Processing Reviewed by _____  Status _____  Faxed by _____	<div style="background-color: #f2f2f2; padding: 5px;"><b>IV Fluids</b></div> See flowsheet on last page for definition of "Vascular Decompensation" and other parameters <b>Bolus IV</b> If <b>Vascular Decompensation</b> : <input type="checkbox"/> sodium chloride 0.9% _____ mL STAT over 20-40min (10 mL/kg) <input type="checkbox"/> Repeat (maximum twice) if still Vascular Decompensation after bolus, and inform Physician If <b>NO Vascular Decompensation</b> : <input type="checkbox"/> sodium chloride 0.9% _____ mL STAT over 1 hour (7 mL/kg) <b>IV Rehydration First Hour Post Completion of IV Bolus</b> (including IV Insulin) • No vascular decompensation: 3.5 – 5 mL/kg/h • Vascular decompensation: 5 – 7 mL/kg/h <input checked="" type="checkbox"/> If Blood Glucose Level equal to or greater than 15 mmol/L <b>THEN</b> <input checked="" type="checkbox"/> sodium chloride 0.9% at _____ mL/h <input checked="" type="checkbox"/> If Blood Glucose is less than 15 mmol/L or falls greater than 5 mmol/L per hour <b>THEN</b> <input checked="" type="checkbox"/> dextrose 5% in water + sodium chloride 0.9% at _____ mL/h <input checked="" type="checkbox"/> If serum potassium is equal to or less than 5.5 mmol/L <b>THEN</b> add 40 mmol KCl to each litre of above solution <input type="checkbox"/> Other: _____			
Status _____  Faxed by _____	<div style="background-color: #f2f2f2; padding: 5px;"><b>Continuous IV Insulin Infusion</b></div> <input checked="" type="checkbox"/> Do <b>NOT</b> give a bolus of IV insulin <input checked="" type="checkbox"/> Initiate continuous insulin infusion upon completion of IV fluid bolus and when IV rehydration has been started <input checked="" type="checkbox"/> regular insulin 25 units in 250 mL sodium chloride 0.9% (concentration = 0.1 unit/mL) <input checked="" type="checkbox"/> regular insulin IV infusion at _____ <b>units/h</b> (0.05 – 0.1 units/kg/h) (Prime any new lines with 50 mL of insulin solution prior to connecting to patient) <input type="checkbox"/> Other: _____			
	<div style="background-color: #f2f2f2; padding: 5px;"><b>Additional Orders</b></div> _____ _____ _____ _____ _____			

Telephone Order \_\_\_\_\_  
 Ordering Practitioner, Designation      Signature      Date/Time (dd/mm/yyyy hhmm)

If Telephone Order \_\_\_\_\_  
 Ordering Physician      Date (dd/mm/yyyy)      Time (hhmm)       Read Back



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## Emergency Guidelines for Managing the Child with Type 1 Diabetes - Diabetic Ketoacidosis (DKA)

