

Pediatric Diabetic Ketoacidosis

Hyperglycemia >200
Acidosis: PH \leq 7.3, HCO₃ \leq 15
Ketosis: +ketones (urine or blood)

Initial resuscitation bolus NS 20cc/Kg X 1
*Consider repeat boluses for shock or poor perfusion. (Discuss with attending)

Initial Labs: Istat, CBC, CMP, Mg, Phos
Beta-OH, Acetone, UA, ICON, VBG
Consider underlying infectious trigger
Assess mental status
Contact Endocrine and PICU

Manage Acidosis

Insulin drip 0.1 units/Kg/Hour
(Max 7 units/hour)
Q1 hour finger stick glucose
Goal to decrease glucose by
no more than 100/hour
Do not start if K⁺ <4.0
(Discuss with attending)

Monitor For Complications

Cerebral edema (1% of DKA)
-Acute change in MS
-Signs of herniation
If present

- Mannitol or 3%NS
- Head of bed to 30⁰
- Stat non-contrast head CT
- Inform PICU/Neurosurgery

Manage Hydration

If K⁺ <5.5
½NS (or NS) + 20 KPhos
@1.5 maintenance rate
When BS <300
D5½NS (or NS) +20 KPhos
@1.5 maintenance rate
Electrolytes Q2H-Q4H
Monitor for hypokalemia