DKA
## Classification of Diabetes Ketoacidosis

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<th>Mild</th>
<th>Moderate</th>
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* CO₂ and pH measurement are method dependent; normal ranges may vary
* Sever hypermatremia (corrected Na > 150mEq/L would also be classified as severe DKA
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## Diabetes Ketoacidosis (DKA) Treatment Protocol

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<td>1&lt;sup&gt;st&lt;/sup&gt; hour</td>
<td>10-20 ml/kg IV bolus 0.9% NaCl or LR insulin drop at 0.05 to 0.10 µ/kg/hr</td>
<td>Quick volume expansion may be repeated NPO monitor 1/0, neurologic status. Sue flow sheet. Have mannitol at based; 1g/kg IV push for cerebral edema</td>
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<td>2&lt;sup&gt;nd&lt;/sup&gt; hour until DKA resolution</td>
<td>0.45% NaCl: plus continue insulin drip 20mEq/L Kphos and 20 mEq/L KAc 5% glucose if blood sugar &lt;250mg/dL (14mmol/L)</td>
<td>85mL/kg+maintenance -bolus IV rate=______________________________ 23 hrs</td>
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<td>Variable</td>
<td>Oral intake</td>
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Diabetes Mellitus is a chronic metabolic syndrome characterized by hyperglycemia as a cardinal biochemical feature.

Type 1 - deficiency of insulin secretion
Type 2 - Insulin resistance & various degree of B-cell impairment
Diabetes Ketoacidosis

* End result of metabolic abnormalities resulting from a severe deficiency of insulin or insulin effectiveness

* Occur 20-40% of children
Diabetes Keto Acidosis

* Hyperglycemia
* Ketosis & Ketouria
* PH ↓
* Elevated effective serum abnormality
* Hypertonic dehydration
Investigations:

* Blood Sugar
* Ketones
* S. Electrolytes
* Blood gases
Patient is out of DKA

* PH > 7.35
* HCos > 15
* Na 135-145
* No vomiting
Complications:

* Cerebral Oedema
* Hypoglycemia
* Hypokalcemia
Acute Management of DKA

* Water & sodium replacement
* Potassium replacement
* Correction of acid-base imbalance
* Insulin administration
* Prevention of treatment complication
Management of Diabetes

* Insulin
* Diet
* Exercise / education
* Adequate growth / associated diseases
* Long term complication