

Management 6 – 12 hours

Aim:

That clinical and biochemical parameters are improving

- Continue IV fluid replacement
- Continue insulin administration
- Assess for complications of treatment e.g., fluid overload, cerebral oedema
 - Continue to treat precipitating factors as necessary
 - Avoid hypoglycaemia

ACTION 1

MONITORING

Re-assess patient, monitor vital signs

If the patient is not improving, then seek senior advice

ACTION 2

Review biochemical and metabolic parameters

At 6 hours check the venous pH, bicarbonate, potassium, as well as blood ketones and glucose

TREATMENT

Resolution of DKA is defined as ketones less than 0.6mmol/L and venous pH over 7.3

TARGET

Do not use bicarbonate as a surrogate at this stage because the hyperchloraemic acidosis associated with large volumes of 0.9% sodium chloride will lower bicarbonate levels.

IF DKA RESOLVED

The patient should be converted to an appropriate subcutaneous regime subcutaneous insulin

when biochemically stable and resolution of DKA

AND

the patient is ready and able to eat.

Ensure that the subcutaneous insulin is started before the IV insulin is discontinued.

Ideally give the subcutaneous fast acting insulin at a meal and discontinue IV insulin one hour later

Conversion to subcutaneous insulin is ideally managed by the diabetes specialist team. If the team is not available see Appendix 1 in JBDS Guidelines: The Management of Diabetic Ketoacidosis in Adults p24-25. [71610 Management of DKA \(with refs\) Q8 Layout 1 \(diabetes.org.uk\)](#) If the patient is newly diagnosed, it is essential they are seen by a member of the specialist team prior to discharge.

IF *NOT* DKA RESOLVED

Follow guidance in actions between 60 - 6hours

Review treatment targets

Assess resolution of DKA

If ketones and glucose are not falling as expected always check the insulin infusion pump is working and connected and that the correct insulin residual volume is present (to check for pump malfunction)