

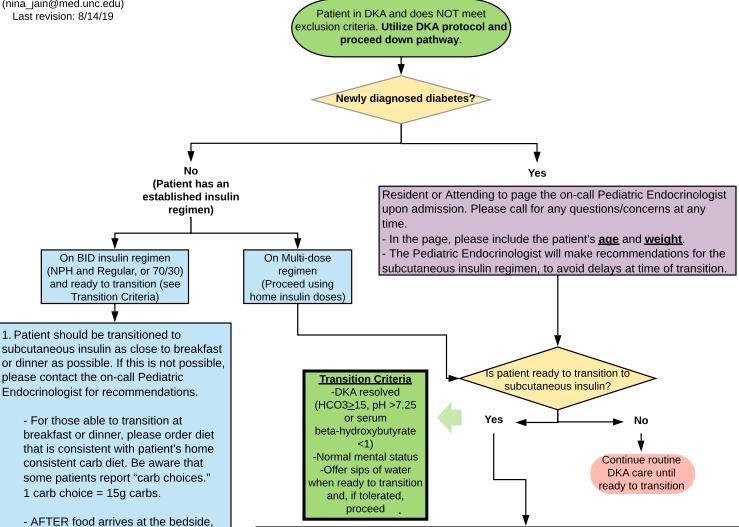
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Pathway for Transition to Subcutaneous Insulin in Patients Presenting in DKA

UNC HEALTH CARE

The following information is intended as a guildeline and as all clinical scenarios cannot be anticipated, it is important to use clinical judgement before starting long-acting insulin in this patient population.

Exclusion Criteria (Please call Pediatric Endocrinology for specific recs for these cases: Renal failure, Obtundation, Hyperosmolar hyperglycemia, Severe acidosis (pH<7.0), Bicarb <5, Age <12 mo



- 1. Discontinue any dextrose-containing fluids prior to eating (be mindful of when food tray will arrive prior to discontinuing)
- 2. While **CONTINUING insulin drip**
- a. Have the patient/family order food, using the nutrition guidelines below. If family is bringing up food ensure that it is consistent with the amount of carbs being ordered.

Age	Consistent carb diet
Preschool age	45g-45g-45g
School age	60g-60g-60g
Adolescent	75g-75g-75g

- b. AFTER food arrives at the bedside, but prior to eating, check blood glucose and give the recommended dose of short-acting insulin via subcutaneous route
- c. Also administer subcutaneous Glargine dose (as separate injection)
- d. 30 minutes after subcutaneous fast acting insulin, discontinue insulin drip AND ALLOW PATIENT TO EAT. Patients must start eating within 30 mins of insulin bolus administration.
- 3. Once subcutaneous insulin regimen has been initiated, continue to check blood glucose levels EVERY 3-4 HOURS or BEFORE MEALTIME (whichever is sooner) and administer short-acting insulin sliding scale (or correction factor) for hyperglycemia if indicated and insulin for carb coverage
 - a. Continue to check urine ketones for every void or serum beta-hydroxybutyrate EVERY 3 HOURS and continue IV fluid hydration without dextrose until ketones are SMALL/TRACE. Most patients will continue to have elevated serum ketones and will require frequent subcutaneous doses of insulin and additional fluids to clear ketones
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give the prescribed NPH or 70/30

- The insulin drip should be

should eat.

administration

insulin, prior to eating and the patient

discontinued 30 minutes AFTER BID insulin is given. Patient must start eating within 30 mins of insulin bolus

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