MANAGEMENT OF DIABETIC KETOACIDOSIS

- Confirm the diagnosis: History of diabetes mellitus, polyuric, polydypsia and polyphagia
- Physical examination: Dehydration, coma, Kussmaul breathing, etc.
- BS (glucometer), Urine test for glucose and Ketone (stick test in urine), Acidosis (VBG)
- Primary evaluation: BS, Na, K, Urea, Creatinine, EKG, Serum Osmolality, and Urine specific gravity
- Search for infections: Oral or Vaginal Candidiasis, Pharyngitis, Otitis, Sinusitis, Pneumonia, UTI (urinalysis, urine culture), CBC, Blood culture, ESR, CRP, CXR, etc.), and if there is fever and /or leukocytosis (WBC>25000) start antibiotic.
- Estimate dehydration (usually 10%), Neurological examinations, Vital signs, Intake-Output, Flow Charts, and Repeated Examinations.
  (Every 2 hours recheck BS, VBG, Na, and K)
- The aim is lowering BS just 70-100 mg /dL /hour not more
- If acidosis is resistant to treatment consider: infection, underinsulinization or ineffective rehydration
- If the patient is a known diabetic, the previous insulin dosage can be started from the second or third day of admission depending on the condition of the patient