

PREPRINTED ORDERS FOR: **DIABETIC KETOACIDOSIS (DKA) - TRANSITION** (Page 1 of 2)**To Be Initiated in DKA Patient When Blood Glucose is Less Than 200 mg/dl and Urine Ketones Negative:****DO NOT DISCONTINUE INSULIN IV INFUSION UNTIL THESE ORDERS ARE COMPLETED.****NOTE:** Orders with option indicator (☐) are to be carried out only if checked (✓)

1. Give Subcutaneous Insulin as follows x one dose one hour before Insulin IV Infusion discontinued.

☐ Regular Insulin OR: ☐ Aspart (Novolog) \_\_\_\_\_ units subcutaneous

(Usually average hourly dose for the last four hours x 4)

2. Discontinue Insulin IV Infusion. Discontinue DKA Preprinted orders. Follow new orders below:

- 3.
- Basal Insulin:**

☐ Glargine Insulin (Lantus) \_\_\_\_\_ units subcutaneous ☐ every morning ☐ every bedtime☐ (Other Regimen) \_\_\_\_\_

OR:

☐ \_\_\_\_\_ Insulin \_\_\_\_\_ units subcutaneous ☐ every morning ☐ every bedtime☐ (Other Regimen) \_\_\_\_\_

- 4.
- Pre-Meal Insulin:**

☐ Regular Insulin OR: ☐ Lispro Insulin (Humalog) \_\_\_\_\_ units subcutaneous before meals.

- 5.
- ☐
- Finger Stick Blood Glucose before meals & bedtime OR
- ☐
- Finger Stick Blood Glucose every \_\_\_\_\_ hour

- 6.
- Sliding Scale Insulin:**

☐ Sliding scale with Subcutaneous Insulin: (for Blood Glucose values below)☐ Regular Insulin OR ☐ Lispro Insulin (Humalog)

≤ 60 treat per hypoglycemia protocol and call Physician

61 to 150 No insulin

151 to 200 \_\_\_\_\_ units

201 to 250 \_\_\_\_\_ units

251 to 300 \_\_\_\_\_ units

301 to 350 \_\_\_\_\_ units

351 to 400 \_\_\_\_\_ units

401 to 450 \_\_\_\_\_ units

Call any Finger Stick Blood Glucose results greater than 450 to Physician.

Revised: 11/2008



USE BALL POINT PEN ONLY

**PRE-PRINTED PHYSICIAN'S ORDERS**

AN APPROVED THERAPEUTIC/GENERIC EQUIVALENT MAY BE DISPENSED PER  
PHARMACY & THERAPEUTICS COMMITTEE GUIDELINES.

PREPRINTED ORDERS FOR: **DIABETIC KETOACIDOSIS (DKA) - TRANSITION**

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7. **Insulin Pump: Instructions:**

8 Continue Adult Hypoglycemia Protocol Orders (already on chart)

9. ☐ Change IV Fluid to: \_\_\_\_\_ at \_\_\_\_\_ ml/hr OR ☐ Saline Lock

10. **Diet:**

☐ NPO

☐ NCS

☐ NPO except meds

☐ Other: \_\_\_\_\_

11. **Activity:** \_\_\_\_\_

12. **Transfer:** \_\_\_\_\_

13. **Vital Signs:** ☐ Routine ☐ ICU Routine ☐ every \_\_\_\_\_

14. **Laboratory:**

15. **Medications:**

16. **Consults:**

☐ Dietary

☐ Diabetes Self-Management Program

☐ Other: \_\_\_\_\_

17. **Other Orders:**

Physician Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Revised: 11/2008

**FirstHealth**  
MOORE REGIONAL HOSPITAL

Physicians Orders  
Diabetic Ketoacidosis (DKA) -  
Transition  
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Place Patient Label  
Inside This Box

7070.03.15003.01

Sunset Date: 08/2009