

Standing Admission Orders Diabetic Ketoacidosis/Uncontrolled Diabetes

Admit to Inpatient Status: Med/Surg Tele ICU

OR
Place in Observation: Med/Surg Tele

Admitting Physician: _____ Date: _____ Time: _____

Diagnosis: Diabetic Ketoacidosis Hyperosmolar Nonketotic State (HNS)
 Condition: Uncontrolled Diabetes Mellitus (type 1/type 2) Other: _____
 Stable Guarded Critical Good Fair Poor
 Consult: Cardiology: _____
 Endocrinology: _____
 Allergies: Other: _____

Code Status: Full DNR

Vital Signs: Check every 2 hr x 24 hrs, then per unit protocol or every _____ hours
 Per unit protocol Every shift every _____ hours
 Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges only

Nursing: Daily weight Intake & Output Foley to drainage Sequential Compression Device (SCD)
 Pulse oximeter Every shift Twice a day Continuous overnight monitor
 Glucose checks hourly at bedside Glucose checks AC and qHS or every _____ hrs
 Other: _____

Diet: Regular NPO 2 gm low sodium Clear liquid Full liquid Cardiac
 Carbohydrate controlled
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock
 Other: _____

Fluids and Electrolyte Replacement:
 Bolus 0.9% NS 1 liter IV or Other: _____
 Infuse 0.9% NS IV over 1 hour, then change to 1/2 NS at 500 ml/hr over 4 hrs, then 1/2 NS at 250 ml/hr
 or Other: _____
 When BG less than 250, change IV to D5W 1/2 NS at _____ ml/hr D5W NS at _____ ml/hr
 or Other: _____

Check K+ every 2 hrs and supplement IV fluids as follows:
 If K+ less than 3.3, add 40 mEq KCL/L to IV
 If K+ 3.3 to 5.5, add 20 mEq KCL/L to IV
 If K+ more than 5.5, do not add KCL to IV fluid



Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92%. May DC is O2 sat more than 93% on RA
 Venti Mask _____ % FIO2 100% NRB
 Other: _____

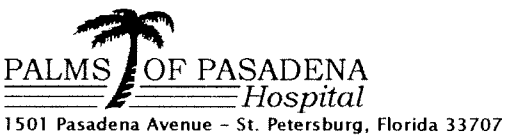
Protocols (if available): All protocol orders must be placed in chart
 Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)

Labs: Electrolytes every 2 hr until total CO2 more than 20 mmol/l
 Serum Ketones Urine Ketones HgA1C Cardiac profile Troponin (STAT, repeat 90 min, and 12 hours)
 BMP CMP CBC
 Magnesium Phosphorus Stool guaiac TSH UA ABG
 Urine microalbumin Amylase Lipase
 Other Labs: _____

Studies: CXray: () Portable () PA/Lateral
 EKG
 Other: _____

Physician Signature: _____
 Date/Time: _____

 	Account Number:		MR Number:					
	Patient Name:							
	Admit Date:							
DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies:								
Attending Physician Name:								



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Standard Medications: (all orders below will be implemented unless crossed out)

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn




Medications: Check the appropriate box.

- Insulin Infusion Protocol (ICU patients only)
- Humulin R insulin Bolus (0.1 unit/kg) 7 units IV 8 units IV 9 units IV 10 units IV x 1
- Humulin R insulin (0.1 unit/kg) infusion 7 units IV 8 units IV 9 units IV 10 units IV per hour
- Sodium Bicarbonate (NaHCO3) 50 mEq IV Bolus x 1
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hrs (renal dosing)
- Lorazepam (Ativan) 0.5mg PO every 6 hrs PRN 1 mg PO every 6 hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20mg IV twice daily PO twice daily
- Nicotine _____ mg topical patch apply daily
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to morphine or codeine)
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN nausea/vomiting

Additional Meds:

Physician Signature: _____

Date/Time: _____

 	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	
 PALMS OF PASADENA Hospital 1501 Pasadena Avenue - St. Petersburg, Florida 33707	DOB Age Sex HT WT RM-BD PT SVC FC	Allergies: _____ Attending Physician Name: _____