



Standard Orders Diabetic Ketoacidosis/Uncontrolled Diabetes

Admitting Physician: _____ Date: _____ Time: _____

Admit to Inpatient: [] Med/Surg [] Telemetry [] ICU

Place in Observation Services: []

[] Diabetic Ketoacidosis [] Hypersmolar Nonketotic State (HNS)

Diagnosis: [] Uncontrolled Diabetes Mellitus (Type 1/Type 2) [] Other: _____

[] Stable [] Guarded [] Critical [] Good [] Fair [] Poor

Condition: [] Cardiology: _____

Consult: [] Endocrinology: _____

[] Other: _____

Allergies: []

Code Status: [] Full [] DNR

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

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

Nursing: [] Daily weight [] Intake & Output [] Foley to drainage [] Sequential Compression Device (SCD)
 [] Pulse oximeter [] every shift [] twice a day [] Continuous overnight monitor [] DVT Prophylaxis, if indicated
 [] Glucose checks hourly at bedside [] Glucose checks AC and at bedtime or every _____ hrs
 [] Other: _____

Diet: [] Regular [] Mechanical soft [] Restrict fluid _____ [] Sodium restricted _____ mg
 [] Cardiac/Heart Healthy [] Diabetic (specify) _____ calorie [] Renal/Kidney
 [] NPO [] Full Liquid [] Clear Liquid [] 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 150 ml/hr or Other: _____

Check K+ every 2 hr and supplement IV fluid 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 motitoring is included)

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

Studies: [] CXR: [] Portable [] PA/Lateral [] EKG
 [] Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		



Account Number: 1 1 not us MR Number:
 Patient Name:
 Admit Date: 10

 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC n	
	Allergies:									
	Attending Physician Name:									



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 if necessary)
- 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
- Pantoprazole (Protonix) 40mg IV once daily
- Nicotine _____mg topical patch apply daily
- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting
- Morphine Sulfate 2 mg IV every 4 hours PRN severe pain (unless patient is allergic to codeine or morphine)
- Percocet 5/325 mg PO every 4 hours PRN for moderate pain

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

Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp greater than 101F (not to exceed 4 grams per 24 hrs)

Docusate sodium (Colace) 100 mg PO every HS



MOM 30 ml PO PRN constipation


Maalox 30 ml PO PRN heartburn

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number: 1 1not us	MR Number:
	Patient Name:	
	Admit Date: 10	

 Salt Lake Regional MEDICAL CENTER 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									