

## EMERGENCY DEPARTMENT PAEDIATRIC NEW DIABETIC (NON-DKA OR MILD DKA) ORDER SET

Height:	cm Weight:	kg	
☐ No Known Allergies	Allergies:		
	ended for Non-DKA ation and tolerating	or Mild DKA (pH 7.2 – 7.29	9; bicarb 10 – 14 mmol/L;
	ation and tolerating	oral fluids)	
Consults		,	(consultant aware)
Consults  Paediatrician,	Dr.:	,	(consultant aware)
Consults  ☐ Paediatrician, ☐ Charles H. Bes	Dr.:	Reason: -855-266-7243; 00360#)	(consultant aware)

	idei avallable at Lakell	age Health				
Sugar free fluids; no juice						
Other:						
Vitals/Monitoring						
_						
Height and Weight						
T, HR, RR, BP, SpC	J₂ q4h and PRN					
☐ Intake and Output o	<u>ι</u> h					
Lab Investigations (if	not already done)					
⊠ CBC	⊠ Glucose	Na, K, Cl, TCO₂, Serum Osmolality				
Urea, Creatinine	⊠ HbA1C					
⊠TSH	☐ Thyroid Antibodies	Thyroid Antibodies 🖂 Free T4				
☐ Tissue Transglutaminase IgA Antibody						
Quantitative Immun	oglobulins (IgG, IgA, IgN	1)				
☐ Serum Ketones ☐ Routine Urine (for glucose and ketones)						
_			-,			
Additional Labs:						
IV Therapy						
	e (Emla) topical cream 30	0 – 60 minutes prio	r to IV insert	ion or		
phlebotomy PRN for pain						
phiesotomy i tall for pain						
Practitioner:	Nurse:		Clerk: _			
Signature:						
Date: Time:	Date:	Time:	Date:	Time:		



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☐ No Known Allergies:	-			
IV Therapy Continued				
☐ 0.9% NaCl mL <b>(10 mL/kg; Max 1,000 mL; Max 30 mL/kg for all boluses)</b> IV				
<b>bolus</b> over 30 minutes (for dehydration <b>before</b> maintenance fluids and insulin administration)  0.9% NaCl <b>WITH</b> 20 mmol KCl/L at mL/hr (maintenance)				
Initial Glycemic Management				
Initial Rapid Insulin Dose				
Insulin Lispro unit(s) (Appendix A for dose recommendation) Subcut NOW				
POCT Capillary Glucose 1 hour and 2 hours post <b>initial</b> insulin administration				
Notify MRP for any glucose results less than 4 mmol/L or greater than 15 mmol/L				
Maintenance Glycemic Management				
POCT Capillary Glucose before meals and PRN				
☑ Notify MRP for any glucose results less than 4 mmol/L or greater than 15 mmol/L				
Basal Insulin				
☐ Insulin Glargine unit(s) (0.25 unit/kg) Subcut x 1 dose				
Rapid Insulin (mealtime)				
Insulin Lispro unit(s) (0.083 unit/kg) Subcut TID before meals				
Rapid Insulin doses should be administered at least 3 hours apart				
Add correction dose to ordered <b>mealtime</b> dose for patients 5 years and older:				
☑ If Blood Glucose 12 – 16.9 mmol/L: Add 1 unit of Insulin Lispro ☑ If Blood Glucose 17 – 21.9 mmol/L: Add 2 units of Insulin Lispro				
☐ If Blood Glucose 22 mmol/L or greater: Add 3 units of Insulin Lispro				
Add correction dose to ordered <b>mealtime</b> dose for patients under 5 years old:				
☑ If Blood Glucose 12 – 16.9 mmol/L: Add 0.5 units of Insulin Lispro				
☑ If Blood Glucose 17 – 21.9 mmol/L: Add 1 unit of Insulin Lispro				
☐ If Blood Glucose 22 mmol/L or greater: Add 1.5 units of Insulin Lispro				
ractitioner: Nurse: Clerk:				
Signature:         Signature:         Signature:				
Date:         Time:         Time:         Time:         Time:         Time:				



## EMERGENCY DEPARTMENT PAEDIATRIC NEW DIABETIC (NON-DKA OR MILD DKA) ORDER SET

Height:cm Weigh	:: k	kg				
☐ No Known Allergies	:					
Pain/Fever Management						
Acetaminophen	Acetaminophen mg (10 - 15 mg/kg/dose) PO/PR q4h PRN for pain or					
temperature greater than or equal to 38°C, to a maximum of 75 mg/kg/day or 4,000 mg/day,						
whichever is less						
Light Ibuprofen mg (5 – 10 mg/kg/dose) PO q6h PRN for pain or temperature greater						
	than or equal to 38°C, to a maximum of 40 mg/kg/day or 2,400 mg/day, whichever is less					
Discharge	Dood Inculin do	aa muiau ta diaabaus	ve home			
<ul><li>☑ Ensure patient receives the</li><li>☑ Ensure follow up is arrange</li></ul>		,				
prior to discharge. MRP to		•	es 11. Desi Centre (Ortbo)			
Additional Orders	•					
radicional Gradie						
			_			
Practitioner:	Nurse:		Clerk:			
Signature:			Signature:			
Date: Time:		Time:	Date:Time:			



Height: \_

## EMERGENCY DEPARTMENT PAEDIATRIC NEW DIABETIC (NON-DKA OR MILD DKA) ORDER SET

\_ kg

cm Weight:\_

☐ No Known Allergies	Allergies:					
	Appendix	A – Initial	Rapid Insulin (Lispro	) Dosing		
	***Ensure to utilize the correct table based on pH and age***					
	Non DIVA (m	1170	onton) Detion( Ferrage			
	Non-DKA (pH 7.3 or greater) Patient 5 years and older					
	Initial Insulin Dose = Correction Dose					
	Blood Glucos		Rapid Insulin Corr			
	12 – 16.9 m		1 unit of rapid			
	17 – 21.9 m		2 units of rapid			
	22 mmol/L or	greater	3 units of rapid	linsulin		
	Non-DKA (p	H 7.3 or gr	eater) Patient <u>under</u> (	5 years old		
	Ini	tial Insulin [	Dose = Correction Dos	e		
	Blood Glucos	e Result	Rapid Insulin Corr	ection Dose		
	12 – 16.9 m		0.5 units of rap	id insulin		
17 – 21.9 m		mol/L	1 unit of rapid	l insulin		
	22 mmol/L or greater 1.5 units of rapid		id insulin			
	Initial Insulin D		ection Dose + Weight in		1	
			Rapid Insulin Correction Dose  1 unit of rapid insulin			
	12 – 16.9 mmol/L 17 – 21.9 mmol/L		2 units of rapid insulin			
	22 mmol/L or			3 units of rapid insulin		
	ADD 0.1 unit/kg of rapid insulin to correction dose above					
Mild DKA (pH 7.2 – 7.29) Patient <u>under</u> 5 years old					l	
	Initial Insulin Dose = Correction Dose + Weight in kg x 0.05 unit					
	Blood Glucose Result Rapid Insulin Correct			ction Dose		
	12 – 16.9 mmol/L 17 – 21.9 mmol/L 22 mmol/L or greater		0.5 units of rapid insulin 1 unit of rapid insulin 1.5 units of rapid insulin			
	ADD 0.05 unit/kg of rapid insulin to correction dose above					
Practitioner:		Nurse:		Clerk:		
				Signature:		
-	Time:	Date:	Time:	Date:		
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