

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

PATIENT LABEL

☒ Harmonized

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

☐ No Known  
Allergies

Allergies: \_\_\_\_\_

**\*\*\*Order Set intended for Non-DKA or Mild DKA (pH 7.2 – 7.29; bicarb 10 – 14 mmol/L; minimal dehydration and tolerating oral fluids)\*\*\***

**Consults**

☒ Paediatrician, Dr.: \_\_\_\_\_ Reason: \_\_\_\_\_ (consultant aware)

☒ Charles H. Best Centre Referral (1-855-266-7243; 00360#)

☐ Other: \_\_\_\_\_

**Diet**

**\*\*\*DAT is not a diet order available at Lakeridge Health\*\*\***

☒ Sugar free fluids; no juice

☐ Other: \_\_\_\_\_

**Vitals/Monitoring**

☒ Height and Weight

☒ T, HR, RR, BP, SpO<sub>2</sub> q4h and PRN

☐ Intake and Output q \_\_\_\_\_ h

**Lab Investigations (if not already done)**

☒ CBC

☒ Glucose

☒ Na, K, Cl, TCO<sub>2</sub>, Serum Osmolality

☒ Urea, Creatinine

☒ HbA1C

☒ Venous Blood Gas

☒ TSH

☒ Thyroid Antibodies

☒ Free T4

☒ Tissue Transglutaminase IgA Antibody

☒ Quantitative Immunoglobulins (IgG, IgA, IgM)

☐ Serum Ketones

☐ Routine Urine (for glucose and ketones)

☐ Additional Labs: \_\_\_\_\_

**IV Therapy**

☒ Lidocaine/Prilocaine (Emla) topical cream 30 – 60 minutes prior to IV insertion or phlebotomy PRN for pain

Practitioner: \_\_\_\_\_

Nurse: \_\_\_\_\_

Clerk: \_\_\_\_\_

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

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

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

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

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

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



Height: _____ cm Weight: _____ kg		
<input type="checkbox"/> No Known Allergies	Allergies: _____	
<b>IV Therapy Continued...</b>		
<input type="checkbox"/> 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)		
<input type="checkbox"/> 0.9% NaCl <b>WITH</b> 20 mmol KCl/L at _____ mL/hr ( <b>maintenance</b> )		
<b>Initial Glycemic Management</b>		
<b>Initial Rapid Insulin Dose</b>		
<input checked="" type="checkbox"/> Insulin Lispro _____ unit(s) ( <a href="#">Appendix A</a> for dose recommendation) Subcut <b>NOW</b>		
<input checked="" type="checkbox"/> POCT Capillary Glucose 1 hour and 2 hours post <b>initial</b> insulin administration		
<input checked="" type="checkbox"/> Notify MRP for any glucose results less than 4 mmol/L or greater than 15 mmol/L		
<b>Maintenance Glycemic Management</b>		
<input checked="" type="checkbox"/> POCT Capillary Glucose before meals and PRN		
<input checked="" type="checkbox"/> Notify MRP for any glucose results less than 4 mmol/L or greater than 15 mmol/L		
<b>Basal Insulin</b>		
<input checked="" type="checkbox"/> Insulin Glargine _____ unit(s) ( <b>0.25 unit/kg</b> ) Subcut x 1 dose		
<b>Rapid Insulin (mealtime)</b>		
<input checked="" type="checkbox"/> Insulin Lispro _____ unit(s) ( <b>0.083 unit/kg</b> ) Subcut TID before meals		
<input checked="" type="checkbox"/> Rapid Insulin doses should be administered at least 3 hours apart		
<input checked="" type="checkbox"/> Add correction dose to ordered <b>mealtime</b> dose for patients 5 years and older:		
<input checked="" type="checkbox"/> <b>If Blood Glucose 12 – 16.9 mmol/L:</b> Add 1 unit of Insulin Lispro		
<input checked="" type="checkbox"/> <b>If Blood Glucose 17 – 21.9 mmol/L:</b> Add 2 units of Insulin Lispro		
<input checked="" type="checkbox"/> <b>If Blood Glucose 22 mmol/L or greater:</b> Add 3 units of Insulin Lispro		
<input checked="" type="checkbox"/> Add correction dose to ordered <b>mealtime</b> dose for patients under 5 years old:		
<input checked="" type="checkbox"/> <b>If Blood Glucose 12 – 16.9 mmol/L:</b> Add 0.5 units of Insulin Lispro		
<input checked="" type="checkbox"/> <b>If Blood Glucose 17 – 21.9 mmol/L:</b> Add 1 unit of Insulin Lispro		
<input checked="" type="checkbox"/> <b>If Blood Glucose 22 mmol/L or greater:</b> Add 1.5 units of Insulin Lispro		
Practitioner: _____  Signature: _____  Date: _____ Time: _____	Nurse: _____  Signature: _____  Date: _____ Time: _____	Clerk: _____  Signature: _____  Date: _____ Time: _____





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

PATIENT LABEL

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

☐ No Known  
Allergies

Allergies: \_\_\_\_\_

**Appendix A – Initial Rapid Insulin (Lispro) Dosing**

**\*\*\*Ensure to utilize the correct table based on pH and age\*\*\***

**Non-DKA (pH 7.3 or greater) Patient 5 years and older**

Initial Insulin Dose = Correction Dose

Blood Glucose Result	Rapid Insulin Correction Dose
12 – 16.9 mmol/L	1 unit of rapid insulin
17 – 21.9 mmol/L	2 units of rapid insulin
22 mmol/L or greater	3 units of rapid insulin

**Non-DKA (pH 7.3 or greater) Patient under 5 years old**

Initial Insulin Dose = Correction Dose

Blood Glucose Result	Rapid Insulin Correction Dose
12 – 16.9 mmol/L	0.5 units of rapid insulin
17 – 21.9 mmol/L	1 unit of rapid insulin
22 mmol/L or greater	1.5 units of rapid insulin

**Mild DKA (pH 7.2 – 7.29) Patient 5 years and older**

Initial Insulin Dose = Correction Dose + Weight in kg x 0.1 unit

Blood Glucose Result	Rapid Insulin Correction Dose
12 – 16.9 mmol/L	1 unit of rapid insulin
17 – 21.9 mmol/L	2 units of rapid insulin
22 mmol/L or greater	3 units of rapid insulin
<b>ADD 0.1 unit/kg of rapid insulin to correction dose above</b>	

**Mild DKA (pH 7.2 – 7.29) Patient under 5 years old**

Initial Insulin Dose = Correction Dose + Weight in kg x 0.05 unit

Blood Glucose Result	Rapid Insulin Correction Dose
12 – 16.9 mmol/L	0.5 units of rapid insulin
17 – 21.9 mmol/L	1 unit of rapid insulin
22 mmol/L or greater	1.5 units of rapid insulin
<b>ADD 0.05 unit/kg of rapid insulin to correction dose above</b>	

Practitioner: \_\_\_\_\_

Nurse: \_\_\_\_\_

Clerk: \_\_\_\_\_

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

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

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

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

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

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

