

Jordan Valley Medical Center and Pioneer Valley Hospital (A Campus of JVMC) Standard Orders  
Diabetic Ketoacidosis/Uncontrolled Diabetes

Admitting Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Admit to Inpatient:  Med/Surg  Telemetry  ICU

Place in Observation Services:

Diagnosis:  Diabetic Ketoacidosis  Hypersmolar Nonketotic State (HNS)  
 Uncontrolled Diabetes Mellitus (Type 1/Type 2)  Other: \_\_\_\_\_

Condition:  Stable  Guarded  Critical  Good  Fair  Poor

Consult:  Cardiology: \_\_\_\_\_  Endocrinology: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies:

Code Status:  Full  DNR (see DNR orders)

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  
 Phosphorous less than 2, Magnesium less than 1.2 notify physician  
 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 150 ml/hr or Other: \_\_\_\_\_

Check K+ every 2 hr and supplement IV fluid as follows:  
 If K+ less than 3.3, hold Insulin infusion & give 20 mEq KCL IV x 1 does over 1 hour (Pt in ICU & Monitored) THEN restart Insulin  
 If K+ 3.3 and 4.9 add 20 mEqKCL to each liter of IV fluid, rate not to exceed 500ml/hr  If K+ greater than 5, no potassium

Oxygen:  Nasal cannula \_\_\_\_\_ L/min, adjust to keep O2 sat greater than 90%. May DC if O2 sat greater than 90% on RA.  
 Vent 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:  Troponin (STAT, repeat in 8 hours)  BMP every 2 hours until total CO2 more than 20 mmol/l (change labs to every 4 hours when  
glucose < 250. & Bicarb > 18  Serum Ketones  Urine Ketones  HgA1C  Cardiac enzymes (every 6 hrs x 3)  BMP  
 CMP  Magnesium  Phosphorus  Stool gualac  Venous PH every \_\_\_\_\_  
 TSH  UA  CBC  ABG  CPK  Myoglobin  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:	MR Number:
Patient Name:	
Admit Date:	

**Pioneer Valley HOSPITAL**  
A CAMPUS OF  
JORDAN VALLEY MEDICAL CENTER

3460 S. Pioneer Prky.  
West Valley City  
Utah 84120  
(801) 964-3100

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies:								
Attending Physician Name:								

**Medications: (Check the appropriate box)**

- DKA Insulin Infusion Protocol (ICU patients only)
- Humulin R Insulin Bolus (0.15 unit/kg)
- Humulin R Insulin (0.15 unit/kg) infusion (see insulin drip protocol)

**Insulin**

- 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 codeine or morphine)

**Pain**

- Sodium Bicarbonate (NaHCO3) 50 mEq IV Bolus x 1
- Enxoparin (Lovenox) 40mg subcutaneous every 24 hrs (renal dosing if necessary)
- Lorazepam (Ativan)  0.5 mg PO every 6 hrs PRN  1 mg PO every 6 hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20 mg  IV twice daily  PO twice daily
- Pantoprazole (Protonix) 40 mg  IV once daily  PO once daily
- Nicotine \_\_\_\_\_ mg topical patch apply daily
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat does once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 24 hrs PRN for nausea and vomiting

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

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

**Additional Meds:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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<p><b>Pioneer Valley</b> HOSPITAL A CAMPUS OF JORDAN VALLEY MEDICAL CENTER</p> <p>3460 S. Pioneer Prky. West Valley City Utah 84120 (801) 964-3100</p>	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
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