Supportive Clinical Information Diabetic Ketoacidosis (DKA) Management in Pregnancy

IWK Health

Complete initial evaluation, including investigations to determine cause of DKA

IV

Start IV Fluids (Bolus 1 liter of NaCl 0.9% over one hour)

Then administer NaCl 0.9% +/- KCl as per orders

Reassess IV NaCl 0.9% +/- KCl

POTASSIUM
Target range 4 to 5 mmol/L

Check electrolytes every 2 hours

If K level is **less than 3.5 mmol/L,** give IV NaCl 0.9% with KCl 40 mmol/L **HOLD or DO NOT START insulin infusion**

If serum K level is **3.5 to 5.5 mmol/L**, give IV NaCl 0.9% with KCl 20 mmol/L

If serum K level is **greater than 5.5 mmol/L HOLD or DO NOT START** IV Fluid **with KCl**

INSULIN

Start regular insulin infusion at 0.1 units/kg/hour (up to a max of 15 units/h)

Discontinue insulin pump if patient has one. Continue home basal insulin regimen. Discontinue bolus insulin regimen.

Check POC glucose level hourly

POC Glucose less than 3.5 mmol/L: Hold insulin infusion and give dextrose 10% infusion as per nomogram

POC Glucose 3.5 to 6.9: Adjust insulin and dextrose 10% infusion as per nomogram

POC Glucose 7 to 12: Continue insulin and dextrose 10%

POC Glucose greater than 12 mmol/L: Adjust insulin infusion based on rate of change in glucose levels; decrease and adjust dextrose 10% rate, if running

BICARBONATE

Initial VBG (goal pH greater than or equal to 7)

If blood pH less than 6.9, consider NaHCO3 50 mmoL IV

Repeat VBG 1 hour after IV NaHCO3

When POC glucose less than or equal to 12 mmol/L, initiate second IV with dextrose 10% at 125 mL/h and adjust dextrose 10% infusion as per glucose nomogram

Monitor for DKA resolution:

- **Ketones less than 0.6 mmol/L**
- **pH greater than 7.3**
- **Bicarbonate greater than 15 mmol/L**
- **Anion gap less than or equal to 12**

Adapted from IWK Clinical Order Set –*Diabetic Ketoacidosis (DKA) Management in Pregnancy*
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