Mind the Gap: Navigating the Underground World of DKA
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Summary: Diabetic ketoacidosis (DKA) is a potentially serious consequence of Type I Diabetes. Over 140,000 patients were hospitalized with diabetic ketoacidosis in 2009. DKA is a clinical emergency that necessitates prompt, goal-directed treatment. Nurses must be prepared to initiate immediate interventions when a patient diagnosed with DKA is admitted to the medical-surgical unit.

Nursing Implications:
• Ongoing assessment of the effectiveness of DKA treatment involves hourly blood glucose monitoring.
• Accurate fluid balance assessment is crucial.
• Begin patient education and reinforcement early in the stay. Refer to a Diabetes Educator.
• Monitor labwork including ketones, electrolytes, serum glucose, serum bicarbonate and arterial pH.

Key Takeaways:
• Hyperglycemia causes osmotic diuresis. Patients present with a large fluid volume deficit that must be replaced.
• Electrolyte imbalances are common. Monitor for dysrhythmias and anticipate electrolyte replacement.
• Insulin infusion continues even when the blood glucose drops below 250mg/dL. Anticipate an order for dextrose containing fluids to run in conjunction with insulin until the anion gap is closed.
• Patients who are undergoing treatment for DKA should remain NPO.

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