



DKA FLOW PATHWAY / DISPOSITION PLAN

TO BE USED IN CONJUNCTION WITH ADULT DKA GUIDELINE MR849

DKA		
SEVERITY	MILD / MODERATE	SEVERE
Systolic BP	>90 mmHg	<90 mmHg
GCS	15	<15
Venous pH	7.1 - 7.35	<7.1
Venous HCO ₃	10-18 mmol/L	<10 mmol/L
K ⁺	>3.5 mmol/L on admission	<3.5 mmol/L on admission
Blood ketones	3-6 mmol/L	>6 mmol/L

MILD / MOD

- Commence DKA guideline
- Seek & treat precipitants
- DELAYED** disposition plan for moderate DKA

SEVERE

- Commence DKA guideline
- Seek & treat precipitants
- EARLY** disposition plan



*MILD / Borderline DKA may be reviewed for disposition before 2.5hrs

REVIEW FOR DISPOSITION AFTER 2.5 HRS
2.5 hrs Mx IN ED*

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ED discuss with ENDO O/C whether 3rd bag (@15-20mmol KCl/hr) can be ceased and 4th bag commenced (@10mmol KCl/hr) for ward compatible admit

YES

Document ENDOCRINOLOGY confirm deviation from guidelines in notes

Prescribe KCl modifications in LINE 1 (page 5 of 6)

NO

ENDO considers 10mmol/L KCl/hr RATE NOT SAFE / TOO UNWELL FOR WARD BASED CARE



ADMIT HDU

ENDO refers to HDU for admission (any delays in agreement to be escalated to consultant level (ENDO / HDU ICU))

ANY DISAGREEMENT IN DESTINATION LOCATION (EG HDU / WARD) CAUSING UNNECESSARY INCREASE IN ED LOS >4HRS SHOULD BE ESCALATED TO ED CONSULTANT

ADMIT WARD