DKA (Critical Diagnosis)
4/2/2017

Remember: sugar is NOT the most important thing -> acidosis, potassium, and dehydration are!

Clinical Picture: Vomiting, abdominal pain, polydipsia, polyuria, polyphagia, history of IDDM or a kiddo
These patients look toxic/sick!

1) Test for glucose (diabetic), ketones (keto), and get a blood gas (acidosis)
2) Measure potassium
3) Give potassium, keep giving potassium, frequently check potassium, and keep it > 3.3
4) Give fluids (many fluids)
5) Start an insulin drip to lower glucose and stop the acid production

Quick Facts
- DKA patients are significantly whole body depleted of potassium
- HHS is a state of pure hyperglycemia leading to dehydration and altered mental status. They don’t make ketones and they don’t have acidosis, but often need many fluids!
- Patients don’t die from hyperglycemia, pts die from hypokalemia and arrhythmia! CHECK THE POTASSIUM before giving insulin
- Long term complications of hyperglycemia: retinopathy, nephropathy, neuropathy, decreased immunity, and vascular disease