

DKA (Critical Diagnosis)

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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