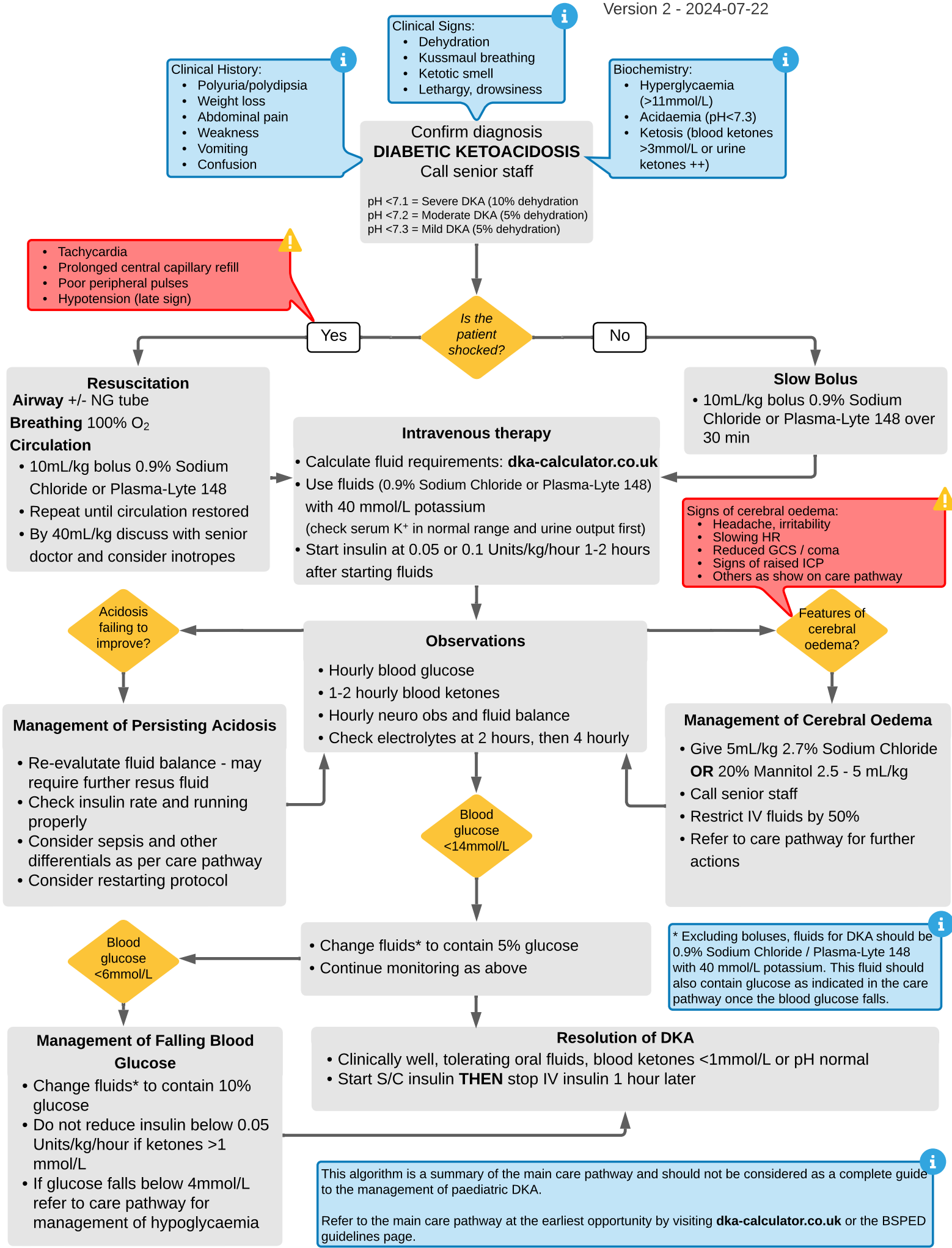


Overview Algorithm for the Management of Children and Young People under the age of 18 years with Diabetic Ketoacidosis

Version 2 - 2024-07-22



Clinical History:

- Polyuria/polydipsia
- Weight loss
- Abdominal pain
- Weakness
- Vomiting
- Confusion

Clinical Signs:

- Dehydration
- Kussmaul breathing
- Ketotic smell
- Lethargy, drowsiness

Biochemistry:

- Hyperglycaemia (>11mmol/L)
- Acidaemia (pH<7.3)
- Ketosis (blood ketones >3mmol/L or urine ketones ++)

**Confirm diagnosis
DIABETIC KETOACIDOSIS**
Call senior staff

pH <7.1 = Severe DKA (10% dehydration)
pH <7.2 = Moderate DKA (5% dehydration)
pH <7.3 = Mild DKA (5% dehydration)

• Tachycardia
• Prolonged central capillary refill
• Poor peripheral pulses
• Hypotension (late sign)

Signs of cerebral oedema:

- Headache, irritability
- Slowing HR
- Reduced GCS / coma
- Signs of raised ICP
- Others as show on care pathway

* Excluding boluses, fluids for DKA should be 0.9% Sodium Chloride / Plasma-Lyte 148 with 40 mmol/L potassium. This fluid should also contain glucose as indicated in the care pathway once the blood glucose falls.

This algorithm is a summary of the main care pathway and should not be considered as a complete guide to the management of paediatric DKA. Refer to the main care pathway at the earliest opportunity by visiting dka-calculator.co.uk or the BSPED guidelines page.