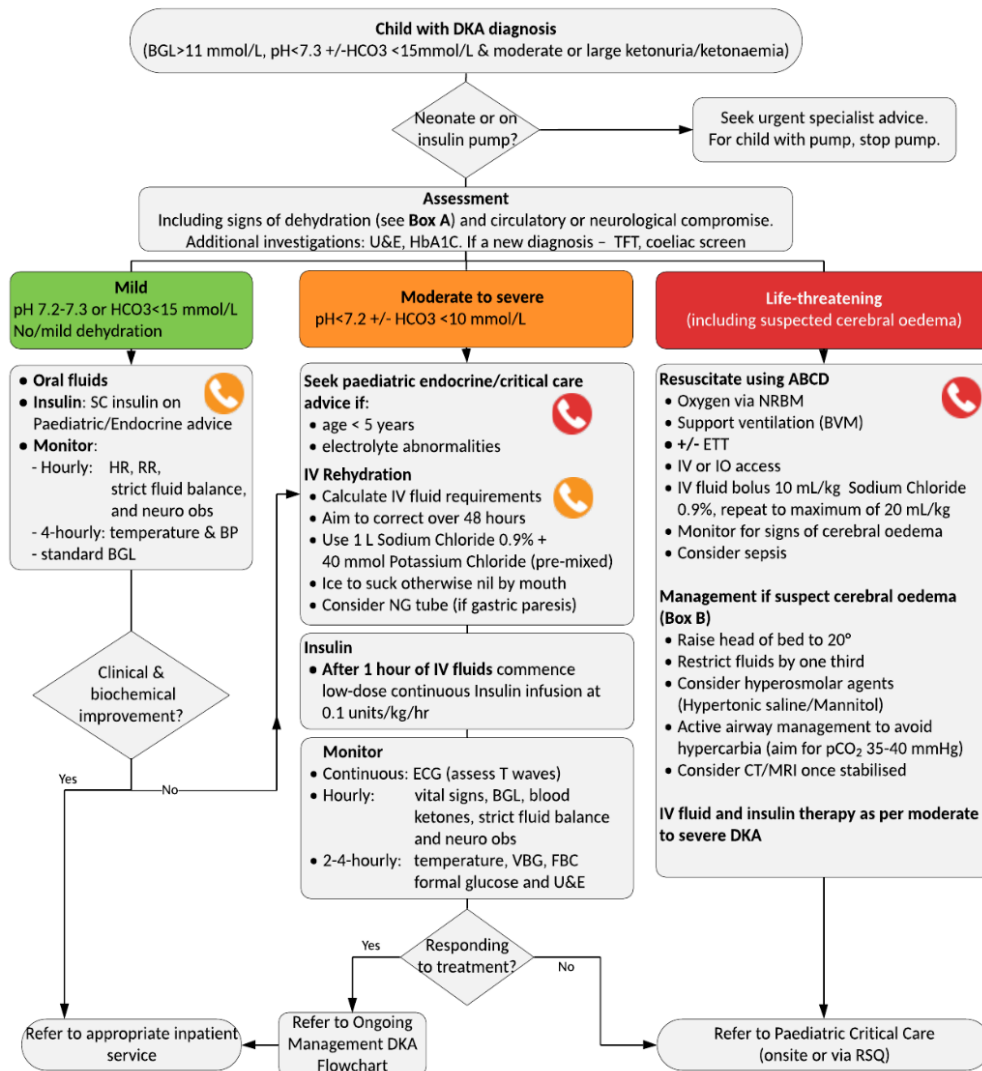


Queensland Paediatric Flowchart and Medications

Emergency

Diabetic Ketoacidosis (DKA) and Hyperosmolar Hyperglycaemic State (HHS) – Emergency Flowchart



⚠ Calculate insulin doses carefully as very serious errors can occur. Never give bolus IV or IM insulin.
 Miscalculations of added potassium to fluids can be fatal. Outside of critical care, pre-mixed fluid bags are recommended.

Box A: Hydration assessment in DKA
 Volume deficit is often overestimated in DKA which can result in over resuscitation with IV fluids.
 Specific considerations in DKA include:

- tachypnoea secondary to acidosis can exacerbate dryness of oral mucosa
- vasoconstriction from acidosis may contribute to the appearance of cool extremities
- catabolism due to insulin deficiency may result in weight loss

Box B: Signs and symptoms of cerebral oedema

- headache
- inappropriate slowing of heart rate
- recurrence of vomiting
- change in neurological status (restlessness, irritability, increased drowsiness, incontinence)
- specific neurological signs
- rising BP
- decreased oxygen saturation

📞 Seek senior Paediatric/Endocrine advice as per local practice.

📞 Seek urgent Paediatric Endocrine/Critical Care advice (onsite or via Retrieval Services Queensland (RSQ) on 1300 799 127)

