

Resources for DKA Simulation Participants



Emergency Medicine Cases Podcast
Episode 63 – Pediatric DKA



Recent evidence on fluids in DKA
ALiEM Podcast w Dr Kuppermann
& Dr Glaser



Children's Health Queensland
DKA guideline

Paediatric DKA

Basics of Emergency Management

Quantify Acidosis :



Mild
pH 7.2 – 7.3
or $\text{HCO}_3^- < 15$

Moderate
pH 7.1 – 7.2
or $\text{HCO}_3^- < 10$

Severe
pH < 7.1
or $\text{HCO}_3^- < 5$

Assess Hydration :

Acidosis and Tachypnoea can lead to overestimation of fluid deficit.

Replace Fluid Sensibly :

Treat shock with 10mL/kg doses and reassess.

Replacement over 48 hours.

Start with NS 0.9% + 40mmol KCL

- unless anuria or potassium > 5.5

Fluids alone will drop BGL in the first hour



Give Insulin :

Mild DKA : Subcutaneous may be suitable

Mod to Severe. : Infusion rate is 0.1 units/kg/hr

Aim to drop BGL by no more than 5 mmol/L per hour

Monitor for complications :

Cerebral Oedema



Aspiration



Rapid Electrolyte Shift

↓ K
↑ ↓ Na



For further detail, scan this QR code with your phone camera to access Children's Health Queensland online DKA guideline

