

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



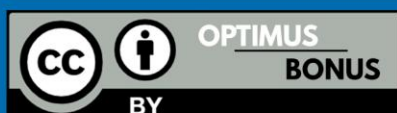
Aspiration



Rapid Electrolyte Shift



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



Resources for DKA Simulation Participants



Fluids in DKA – Elliot Long



Children's Health Queensland
DKA guideline



DFTB DKA Case study