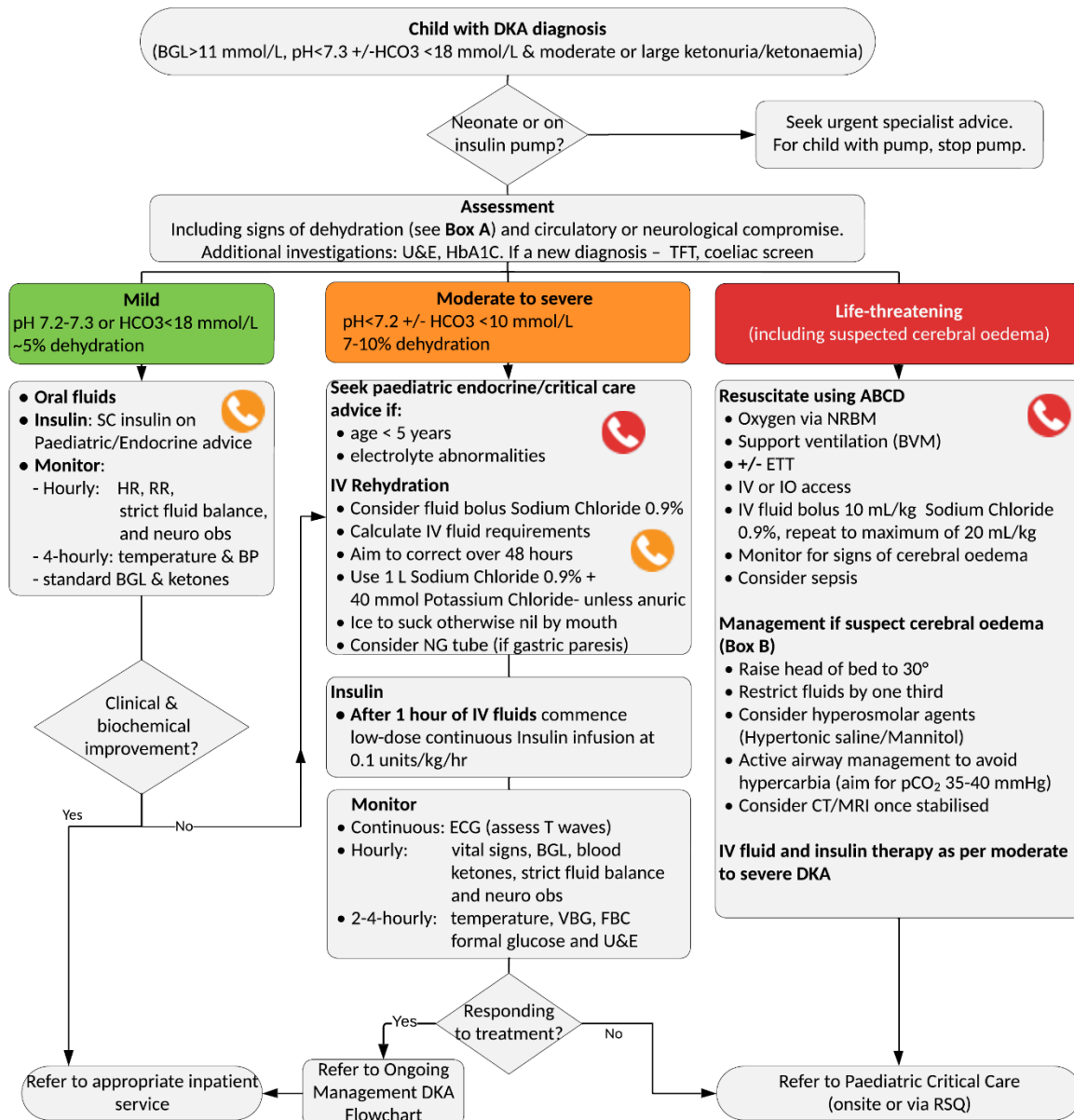


Queensland Paediatric Flowchart and Medications

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 can be 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
- Pedal pulses will be affected once shock is present

Box B: Signs and symptoms of cerebral oedema

- worsening headache
- inappropriate slowing of heart rate
- recurrence of vomiting
- change in neurological status (restlessness, irritability, confusion, increased drowsiness, incontinence)
- specific neurological signs- esp CN III, IV & VI palsy
- rising BP
- decreased oxygen saturation
- thermal instability



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)

CHQ-GDL-60016-1 Flowchart V6.0. For more information please refer to [CHQ-GDL-60016 Diabetic Ketoacidosis \(DKA\) and Hyperosmolar Hyperglycaemic State \(HHS\) - Emergency management in children](#)

