



Paediatric DKA - Starting treatment



Give 10ml/Kg boluses of 0.9% saline if clinically shocked (max 30ml/Kg). Consultant r/v if still shocked after 30ml/Kg.

No insulin in the first hour of maintenance fluids. This hour delay begins after bolus dose(s) are completed.

Fluids
calculator

Calculate maintenance fluids + deficit (max 8% allowed) and aim to replace over 48hrs (slower if concern for cerebral oedema or severe \uparrow/\downarrow Na⁺).

Add 20mmol KCl / 500ml 0.9% NS if K⁺ < 5.5mmol/L based on VBG but review K⁺ on U&E.

Start actrapid 0.1 unit/Kg/hr , 1 hour after maintenance & deficit fluid commenced.

When to add / \uparrow dextrose to the IV 0.9% saline

[Click here for \(EMed.ie\) HOW to add dextrose 5% to saline 0.9%](#)

1. Falling too fast .ie. >5 mmol/hr
 - a) if not on dextrose, add dextrose 5% to current fluids
 - b) if on 5% dextrose, change to 10% dextrose
2. Falling too low - there are 3 blood glucose thresholds to be aware of
 - a) 17mmol/L - add 5% dextrose
 - b) < 8 mmol/L - change to 10% dextrose
 - c) < 4 mmol/L - give 2ml/Kg bolus of 10% dex. & \uparrow dextrose to 10%