Diabetic Ketoacidosis

REFRESHER

RECOGNIZE IT

- No insulin effect: blood sugar climbs while cells starve, and the body burns fat into ketones and acid
- Warm, dry skin, fruity (acetone) breath, and signs of dehydration — the hyperglycemia picture in the guidelines (p.45)
- Deep, rapid Kussmaul respirations as the patient blows off acid
- Nausea, vomiting, abdominal pain, and a slipping level of consciousness

ASSESS

- Blood glucose — typically very high (often over 250 mg/dL); recheck en route
- Full vitals and hydration: heart rate, blood pressure, skin, mucous membranes, urine output history
- EtCO2: a low reading with deep breathing tracks the acid load and the compensation
- Cardiac monitor: potassium shifts can show as peaked T waves and other ECG changes

ACT — FIRST MOVES

1. ABCs and oxygen as indicated; position for the work of breathing
2. Establish IV access — fluid resuscitation is the field mainstay; follow Medical Control direction, as Mercy publishes no standalone DKA guideline
3. Cardiac monitoring and serial glucose checks during transport
4. Transport promptly — insulin and potassium management are hospital treatments
5. Reassess mental status and perfusion after fluids; report the trend

PEARLS

- The abdominal pain of DKA mimics a surgical abdomen — check a glucose on abdominal pain
- Total-body potassium is low even when a lab value reads normal or high — expect shifts as treatment starts
- Infection is the most common trigger; ask about illness, missed insulin, and pump problems

Take Home Message:

DKA is dehydration plus acid: recognize the fruity breath and Kussmaul breathing, start fluids, monitor, and transport — insulin belongs to the hospital.