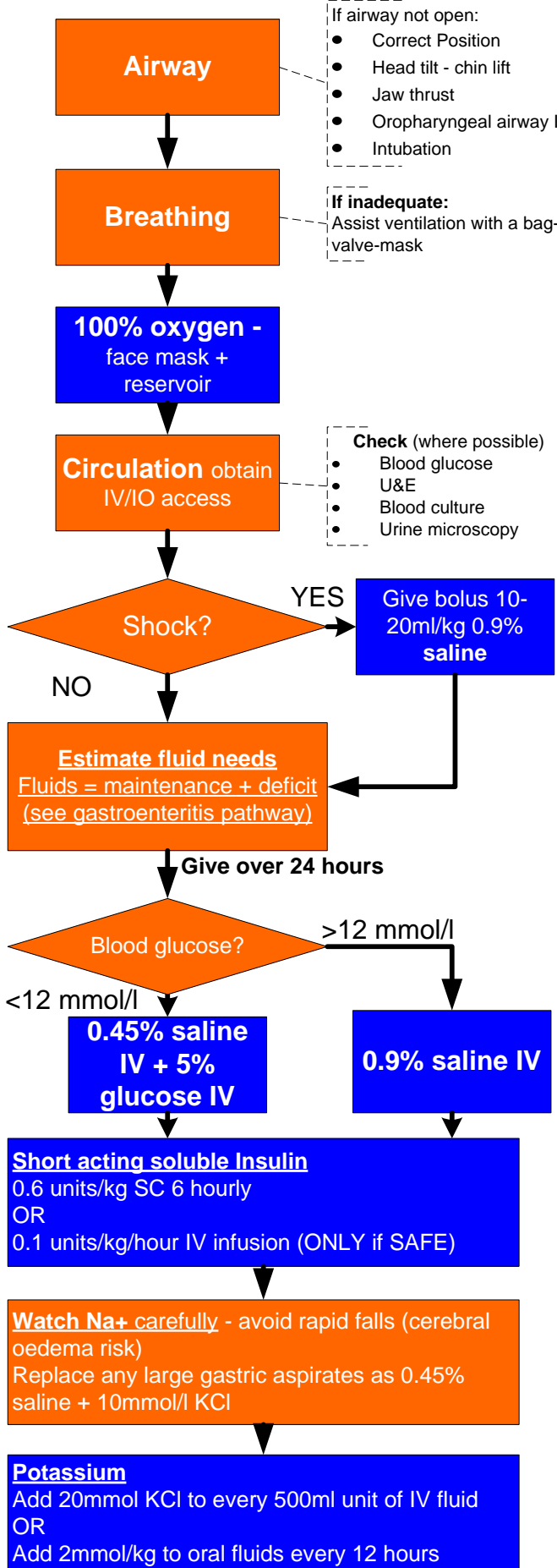


Severe diabetic keto-acidosis in a child

© ALSG & CAI 2008



If airway not open:

- Correct Position
- Head tilt - chin lift
- Jaw thrust
- Oropharyngeal airway IF UNCONSCIOUS
- Intubation

If inadequate:

Assist ventilation with a bag-valve-mask

Check (where possible)

- Blood glucose
- U&E
- Blood culture
- Urine microscopy

Continuing care

- Measure blood glucose hourly
- U&E 4 hourly
- Reassess ABC and degree of dehydration regularly
- Treat infection - cefotaxime 100mg/kg
- Insert NG tube (ileus usual)
- Accurate fluid balance (consider urinary catheter)
- Neurological assessments hourly
 - look for evidence of cerebral oedema
- ECG for hypokalaemia

If cerebral oedema ...

Mannitol 250-500mg/kg of 20% IV
 2/3 maintenance IV fluids
 Keep plasma Na >135mmol/litre
 Avoid fever >37.5 degrees centigrade
 Head midline and 30 degrees elevated