FRAIMWORK

FRIMLEY PARK / MEDICAL TAKE
TOP TEN

Diabetic emergencies

DKA = hyperglycaemia + ketonaemia + acidosis
Think DKA if glucose >11 mmol/L or known diabetes, ketones ≥3 mmol/L (or urine ketones ++), pH <7.3 or bicarbonate <15.

Look for triggers
Infection, missed insulin, MI, pregnancy, steroids, SGLT2 inhibitors.

1 INSULIN

- Start FRIII 0.1 units/kg/hr
- Continue usual long-acting basal insulin
- Do not stop insulin when glucose falls
- Add 10% glucose when glucose <14 mmol/L
- Aim to clear ketones, not just lower glucose

Add 10% glucose when glucose <14 mmol/L so insulin can continue.



2 FLUIDS

- 0.9% sodium chloride is first-line
- Restore circulation first
- Use local / JBDS schedule for rate
- Go slower if elderly, heart failure or renal failure
- Monitor obs, urine output and fluid balance

3 VTE PROPHYLAXIS

- DKA is prothrombotic
- Give LMWH unless contraindicated
- Think about reduced mobility and dehydration
- Escalate if reduced consciousness or severe illness

4 POTASSIUM REPLACEMENT

- Check potassium at baseline and frequently
- Potassium usually falls with treatment
- **K+ >5.5:** no replacement
- **K+ 3.5–5.5:** add 40 mmol/L
- **K+ <3.5:** urgent senior review and replace carefully

5 HHS

- Severe hyperglycaemia and hyperosmolality
- Little or no ketonaemia / acidosis
- Usually older, often very dehydrated
- Treat more slowly
- Fluids first
- Insulin later and usually at a lower rate
- Thrombosis risk is high

6 HYPOGLYCAEMIA

- If conscious and BG <4 mmol/L: give 15–20 g fast-acting glucose
- Recheck in 10–15 min
- Then give a longer-acting carbohydrate
- If unconscious or unsafe swallow: call for help
- Use IV glucose or IM glucagon

Do not routinely use bicarbonate in DKA
Bicarbonate is rarely indicated and may be harmful.

Monitor glucose, ketones, VBG, U&Es and ECG
Check regularly to guide ongoing treatment.

JBDS DKA | JBDS HHS | NHS Hypoglycaemia

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