

# Diabetic Ketoacidosis Nursing Care Plan

## Patient Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Gender: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Indicate suspected diagnosis:

### Acute Confusion:

- Confusion
- Agitation
- Headache
- Lethargy
- Increased intracranial pressure

### Decreased Cardiac Output:

- Tachycardia
- Tachypnea
- Dyspnea
- Reduced oxygen saturation
- Hypotension
- Decreased central venous pressure (CVP)
- Increased pulmonary artery pressure (PAP)
- Chest pain

### Ineffective tissue perfusion:

- Fever (>38.0 C) or hypothermia (< 36.0 C)
- Tachycardia
- Tachypnea

- Hypotension
- Prolonged capillary refill time
- Change in level of consciousness

**Assessment:**

<b>Health history:</b>	
<b>Physical Assessment:</b>	
<b>Assessment for Cerebral Edema:</b>	

**Reverse Diabetic Ketoacidosis:**

	<b>Intervention</b>	<b>Notes/Referral</b>
Management of DKA:	Initiate fluid resuscitation, insulin therapy, electrolyte restoration, and supportive care	
Hydration Promotion:	Administer fluids to reverse hypovolemia and improve glycemic control, using 0.9% normal saline initially.	
Insulin Administration:	Administer IV insulin until glucose levels drop below 200 mg/dL and certain biochemical markers normalize.	
Electrolyte correction:	Monitor and replenish electrolytes intravenously to maintain normal physiological function.	
Potassium Replenishment:	Monitor and adjust potassium levels closely, preventing severe hypokalemia during insulin therapy.	
Lab Monitoring:	Regularly assess glucose, electrolytes, blood urea nitrogen (BUN), and arterial blood gas (ABG) levels to guide treatment.	

## Prevention and treatment of complications:

	Intervention	Notes/Referral
Infection Management:	Administer appropriate antibiotics based on culture results to treat concurrent infections.	
Cerebral Edema Prevention:	Utilize mannitol as a treatment for cerebral edema, closely monitoring neurological status.	
Fluid Balance:	Prevent overhydration, especially in patients with a history of renal or heart failure, and use diuretics if needed.	
Prevent Hypoglycemia:	Monitor glucose levels carefully to avoid hypoglycemia during treatment.	

## Physician's Notes and Recommendations

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_