

Prevention of DKA:

- ▶ Always take your insulin or other diabetes medications as prescribed.
- ▶ Check your blood glucose frequently or use a continuous glucose monitoring so you can recognize when your glucose levels are too high.
- ▶ Always have either urine keto sticks or a blood ketone monitor in your medical supplies.
- ▶ If you cannot get your blood glucose levels below 240 mg/dL, make sure to check for ketones.
- ▶ If you vomit or feel nauseated, call your diabetes care team.
- ▶ If you are taking a SGLT2 (Sodium Glucose transport protein inhibitors) oral medication, you may have DKA even if your blood glucose levels are normal. Therefore, it is important to check your ketones if you are feeling ill.
- ▶ Continue taking the full course of antibiotics if they have been prescribed.
- ▶ Wear or carry your medical ID.
- ▶ Incorporate regular exercise into your routine as tolerated.
- ▶ Consume consistent carbohydrate intake and eat meals at regular times throughout the day.
- ▶ Stay hydrated by drinking water and other sugar-free fluids.
- ▶ Follow the sick day guidelines your diabetes care team has provided.
- ▶ Know when to call 911.

Follow-up care is an important part of treatment. This includes keeping all appointments, having a list of your current medications and recent test results.

To reach the Outpatient Diabetes Educators, please call **973-322-7007**.

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Diabetic Ketoacidosis Comprehensive Recovery Guide

What is DKA (Diabetic Ketoacidosis)?

DKA is a series of events that starts when the body does not have enough insulin for the present condition and leads to a serious imbalance in the blood. When there is not enough insulin, the body tries to make energy from other products. This changes your blood to be more acidic and your breathing can become more labored. You can also become severely dehydrated and possibly go into a coma.

What Causes DKA?

- ▶ Infection or severe illness
- ▶ Forgetting or intentionally not taking insulin
- ▶ Interruption of insulin delivery when on insulin pump
- ▶ When a cannula (little plastic tube connecting you to your insulin pump) gets dislodged or kinked
- ▶ When your insulin goes bad because it became too hot or too cold
- ▶ Delayed diagnosis of diabetes

DKA can happen very quickly -- in hours, rather than days.

Be Involved In Your Care

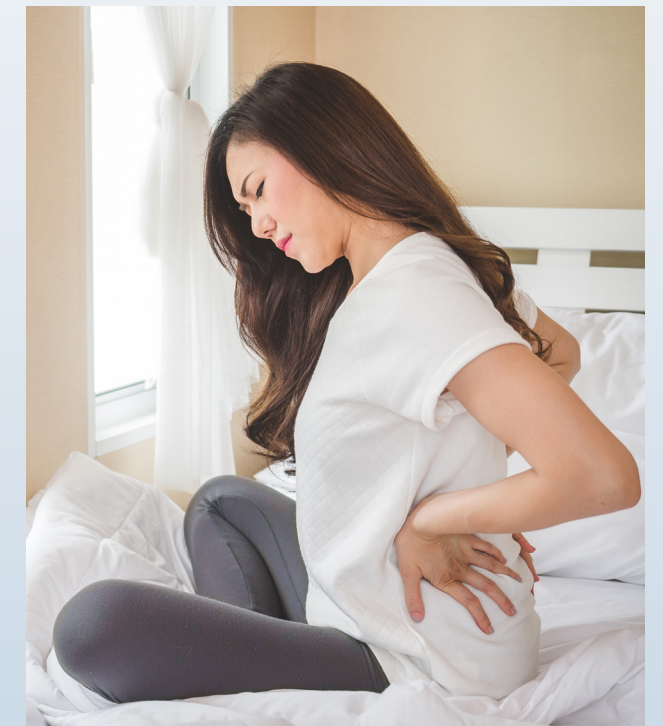
We want you to have enough information and support to feel comfortable when making health care decisions. We encourage you to be an active participant on your health care team by doing the following:

- ▶ Sharing information about your health
- ▶ Telling us your wishes
- ▶ Learning about your health and taking care of yourself
- ▶ Letting us know what information about your health or condition may help you
- ▶ Letting us know what services may help you improve your health and condition
- ▶ Speaking to your nurse about any pain or discomfort to ensure effective pain management
- ▶ Always advocating for your safety and asking health care providers if they washed their hands

Communication

For us to work as a team, communication is very important. We welcome any comments and questions you may have at any time.

- ▶ Always ask for any information you need from your health care providers during your hospital stay.
- ▶ We will protect the privacy of your personal health information and only shares information as needed to provide the best care for you.
- ▶ Please notify the staff if you have any requests regarding communication needs with family and caregivers.



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	DAY 1	DAY 2 - Discharge	After Discharge
Nutrition	Regular carbohydrate controlled diet unless nausea/vomiting or if doctor indicates differently Registered Dietitian to determine adequate calorie/nutrient intake	Regular carbohydrate controlled diet unless nausea/vomiting or if doctor indicates differently Registered Dietitian to determine adequate calorie/nutrient intake	Carbohydrate consistent diet Follow-up with outpatient Dietitian for education and self-management
Activity	Out of bed 2 to 4 hours a day Ambulate at least 3 times a day in hallway	Out of bed 2 to 4 hours a day Ambulate at least 3 times a day in hallway	Work up to 150 minutes of moderate-intensity exercise a week
Medications	IV Insulin IV Potassium IV Sodium	Transition to subcutaneous insulin Transition to oral Potassium Medications reconciliation/cross-checked and reviewed before discharge	Take your medications Follow written medication plan
Treatments	IV Fluid therapy Bicarbonate therapy Potassium therapy Phosphate therapy	Transition to oral therapy	
Testing	Blood glucose monitoring Urine Ketone monitoring Lactic acid monitoring Blood work	Blood glucose monitoring Urine Ketone monitoring Lactic acid monitoring Blood work	Continued blood glucose testing at home Ketone monitoring at home
Planning for Home	Discharge planning Education on sick day management and record keeping	Prescriptions for new or changed medications should be filled and reviewed with patient and family	Follow-up appointment with primary physician or endocrinologist within 1 to 2 weeks of discharge



Self-Management of DKA:

Please be mindful if any of the following symptoms are present and notify your nurse or doctor immediately:

- ▶ Very thirsty
- ▶ Frequent urination
- ▶ Nausea and vomiting
- ▶ Drowsy
- ▶ Deep breathing
- ▶ Fruity smell to breath
- ▶ Stomach pain
- ▶ Coma if not treated