## Evaluation of Ward Management of Diabetic Ketoacidosis

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iabetic ketoacidosis (DKA) is a potentially life-threatening manifestation of type 1 diabetes, the incidence of which has increased from 3.2 to 4.6 cases/10,000 population between 1988 and 2009. Fortunately, DKA treatment is very effective; experienced centers have an estimated mortality rate from DKA of < 5%. Treatment of DKA focuses on restoring circulatory volume, clearing ketones, stabilizing blood glucose, and managing electrolyte abnormalities.

The costs of DKA treatment are significant, with estimated mean expenses for a single hospitalization ranging from \$7,470 to \$20,864. The annual cost of DKA management to the health care system is in excess of \$1 billion and accounts for one of every two dollars spent on the management of type 1 diabetes in adults.

One potential intervention to decrease these costs is to minimize the use of hospital intensive care units (ICLIs) when nationts can receive safe and effective care on hospital wards. Expert opinion has provided some guidance for ICU use based on the severity of illness at presentation, but evidence to support such recommendations is minimal.4.5 The American Diabetes Association (ADA) provides limited specific recommendations regarding ICU utilization, whereas a 2011 position statement and care recommendations from the Joint British Diabetes Societies recommend intensive care for patients meeting

any of the following criteria: serum ketones > 6 mmol/L, anion gap > 16, bicarbonate level < 5 mmol/L, pH < 7.1, potassium < 3.5 mmol/L, Glasgow coma scale < 12, O, saturation < 92%, systolic blood pressure < 90 mmHg, or pulse > 100 or < 60 bpm.\*

Clinical practice with regard to DKA management varies greatly, as described in a 2009 review in the state of New York," showing that patients with DKA comprised 0.4%. of all hospital admissions, with 52.6% of these patients admitted to ICUs. This study identified patient factors that may lead to ICU admission, including income, insurance provider, teaching status of the hospital, and hospital occupancy, rather than the clinical presentation of the patients. No difference was noted in duration of hospitalization or mortality between ICU and non-ICU management. Previous studies have

#### IN BRIEF

Ward management of diabetic ketoacidosis (DKA) using subcutaneous insulin in specific patient populations is safe and effective, but insulin administered by continuous infusion has not been analyzed in this setting. This retrospective cohort study utilizing a nursing-driven, continuous infusion insulin calculator demonstrated safe and effective treatment of patients with DKA on medicine wards.

shown that patients with DKA can be safely and effectively treated with subcutaneous insulin on medicine wards; however, we have not identified any studies of ward treatment of DKA with continuous infusions of insulin.<sup>6-12</sup>

The Medical University of South Carolina (MUSC) treats a similar percentage of patients on general medicine wards, as seen in the New York study described above," using an internally developed, Internetbased, nursing-driven insulin infusion protocol. The safety and efficacy of the MUSC protocol was validated in a population of cardiothoracic surgery patients.15 DKA treatment at MUSC calls for blood glucose to be checked hourly, with a target of 150-200 mg/dl, regardless of the location of treatment. Monitoring treatment safety, both in the ICU and on medicine wards. is crucial because hypoglycemia. has been shown to increase mortality among hospitalized patients.14 The goal of this study was to review the overall management of DKA and characterize patients who were safely and effectively treated on general medicine wards compared to patients treated in the ICU.

#### Research Design and Methods

This retrospective cohort analysis of adult patients treated for DKA at MUSC between 1 June 2011 and 30 September 2012 was approved by the university's institutional review board.

# **Evaluation Of Ward Management Of Diabetic Ketoacidosis**

Dalim Kumar Baidya, Hemanshu Prabhaka

#### **Evaluation Of Ward Management Of Diabetic Ketoacidosis:**

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