糖尿病酮酸血症(Diabetic Ketoacidosis)的診斷及處理流程

Patient with HYPERGLYCEMIA (Blood glucose >150 mg/dl)

History → Serum glucose, serum ketones
Physical examination → Electrolytes, venous pH
Rule out: Excessive glucose intake
Urinalysis
Consider: BUN, Creatinine

Assess pattern of illness

Nondiabetic pattern
Rule out:
CNS disorder/injury
Cushing's syndrome
Steroid therapy
Excess secretion of growth hormone, cortisol, or glucagon
Stress
Infection

Diabetes mellitus
Ketoacidosis
Consider:
Hospitalization
Supportive care

No ketoacidosis
Nonketotic hyperosmolar syndrome

New diabetic
Regular Insulin
Monitor serum glucose
Education program

Replace Electrolyte and Fluid Deficit
IV Insulin Infusion

Monitor blood glucose hourly at first
Add 5% Glucose When Plasma Glucose 250–300 mg/dl

Begin SQ Regular Insulin When HCO₃ >15 mEq/L
Switch to NPH and Regular Insulin
Monitor blood glucose