Queensland Children's Hospital

| _ | ck Day Management | | | TDD | 5% | 10% | 20% | |
|---|---|--|--|--|--|---|---|--|
| on an insulin p Only correct with No | Date: | NEVER STOP BASAL INSULIN | | | | | | |
| Blood Ketones | BGL < 4 mmol/L | BGL 4 – 7 mmol/L | BGL 7.1 – 15 mmol/L | | BGL > 15 mmol/L | | | |
| 0.6 – 0.9 mmol/L Urine ketone equivalent + (Negative/trace/small) | Blood Ketone 0.6 – 0.9 mmol/L Treat hypo with usual protocol Consider minidose glucagon if unable to tolerate carbs Program 50% temp basal rate for 2 hr Repeat BGL & treat with carb every 15 min until BGL > 4 mmol/L. Repeat ketone test in 1 hr RING HOSPITAL FOR ADVICE | Blood Ketone 0.6 – 0.9 mmol/L • Offer carbs & sweetened fluid • Apply usual carb ratio for this • Continue usual basal insulin Test BGL and ketones 2 hourly | Blood Ketone 0.6 – 0.9 mmol/L • Give 5% of TDD with PEN • Change entire set and cartridge • Drink sugar-free fluid • Apply usual carb ratio for food eaten Test BGL and ketones 2 hourly | | Blood Ketone 0.6 – 0.9 mmol/L Give 10% of TDD with PEN Change entire set and cartridge Drink sugar-free fluid Apply usual carb ratio for food eaten Repeat ketone correction using a PEL if ketones not reduced after 2 hours Test BGL and ketones 2 hourly | | | |
| 1.0 – 1.4 mmol/L | Blood Ketone 1.0 – 1.4 mmol/L | Blood Ketone 1.0 – 1.4 mmol/L | Blood Ketone 1.0 – 1.4 mmol/L | | Blood Ketone 1.0 – 1.4 mmol/L | | | |
| Urine ketone equivalent ++ (Negative/trace/small) | Treat hypo with usual protocol Consider minidose glucagon if unable to tolerate carbs Program 50% temp basal rate for 2 hr Repeat BGL & treat with carb every 15 min until BGL > 4 mmol/L. Repeat ketone test in 1 hr RING HOSPITAL FOR ADVICE | Give 5% of TDD with PEN Change entire set and cartridge Offer carbs and sweetened fluid Apply usual carb ratio for this Test BGL & ketones 2 hourly | Give 10% of TDD with PEN Change entire set and cartridge Drink sugar-free fluid Apply usual carb ratio for food eaten Repeat ketone correction using a PEN if ketones not reduced after 2 hours Test BGL & ketones 2 hourly | | | Give 10% of TDD with PEN Change entire set and cartridge Drink sugar-free fluid Apply usual carb ratio for food eaten Repeat ketone correction using a PEI if ketones not reduced after 2 hours Test BGL & ketones 2 hourly | | |
| > 1.5 mmol/L | Blood Ketone > 1.5 mmol/L | Blood Ketone > 1.5 mmol/L | Blood | Ketone > 1.5 m | mol/L | Blood Ketor | ie > 1.5 mmol/L | |
| Urine ketone equivalent +++ (Large) | Treat hypo with usual protocol Consider minidose glucagon if unable to tolerate carbs Program 50% temp basal rate for 2 hr | Give 5% of TDD with PEN Change entire set and cartridge Offer carbs and sweetened fluid Apply usual carb ratio for this | Change e Drink supervision of the supervision of the | 6 of TDD with PEN entire set and car gar-free fluid ual carb ratio for setone correction es not reduced aft spital more than not reducing | tridge food eaten using a PEN er 2 hours | Repeat ketone of if ketones not re | et and cartridge fluid pratio for food eater correction using a PE educed after 2 hours nore than 1 vomit or | |
| | GO TO HOSPITAL | Test BGL & ketones 2 hourly RING HOSPITAL FOR ADVICE | | ketones 2 hourly PITAL FOR ADVI | | Test BGL & ketone RING HOSPITAL F | | |
| > 3.0 mmol/L | IMMEDIATE RISK OF KETOACIDOS (DKA) IF BLOOD KETONE IS > 3.0 MMOL/L. INSULIN TREATMENT IS NEEDED URGENTLY GO TO CLOSEST EMERGENCY DEPARTMENT | | | | | | | |

You need to speak to your doctor or diabetes educator urgently or go to hospital if:

- Showing any signs of Diabetes Ketoacidosis
 - Drowsy or confused
 - Fast or unusual breathing
 - Fruity/acetone smelling breath
 - o Abdominal pain
 - Nausea and vomiting more than once
- Unable to keep fluids down
- Ongoing hypoglycaemia
- Ketones are not coming down or are 1.5 mmol/L or more after two extra doses of insulin
- Blood glucose does not improve or remains above 15 mmol/L after two doses of insulin
- Unsure what is wrong
- Not sure what to do, or exhaustion, or need help.

Correction by pump is safe 2 – 3 hours after pen correction and when blood ketone is less than 1 mmol/L

Consider programming a temporary basal rate of 200% for 2 hours if BGL is more than 15 mmol/L and ketones are more than 1 mmol/L

If illness is ongoing, increasing basal rate may be needed. Ring Hospital for advice

Total daily dose (TDD) can be found in pump history.

% of Total Daily Dose Ready Reckoner

| Total daily dose (TDD) | 5% | 10% | 20% |
|---------------------------|-----|-----|-----|
| 10 | 0.5 | 1 | 2 |
| 15 | 1 | 1.5 | 3 |
| 20 | 1 | 2 | 4 |
| 25 | 1.5 | 2.5 | 5 |
| 30 | 1.5 | 3 | 6 |
| 35 | 2 | 3.5 | 7 |
| 40 | 2 | 4 | 8 |
| 45 | 2.5 | 4.5 | 9 |
| 50 | 2.5 | 5 | 10 |
| 55 | 3 | 5.5 | 11 |
| 60 | 3 | 6 | 12 |
| 65 | 3.5 | 6.5 | 13 |
| 70 | 3.5 | 7 | 14 |
| 75 | 4 | 7.5 | 15 |
| 80 | 4 | 8 | 14 |
| 85 | 4.5 | 8.5 | 17 |
| 90 | 4.5 | 9 | 18 |
| 95 | 5 | 9.5 | 19 |
| 100 | 5 | 10 | 20 |