

# Diabetic Ketoacidosis (DKA)

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Diabetic Ketoacidosis (DKA) is caused by high levels of ketones in your blood. When your blood glucose is too high, your body makes **ketones** as it breaks down fat for energy.

Your blood glucose becomes high when your body does not have enough insulin. **Insulin** helps glucose move out of the blood and into the cells to be used for energy.

## Signs and Symptoms of DKA

You may have DKA if you have one or more of the following. Place a check by any signs or symptoms you have.

- abdominal pain
- upset stomach (nausea) and throwing up
- decreased appetite
- weight loss
- blurry vision
- increased thirst and more frequent urination
- dry mouth, eyes and skin or warmth and redness in your face
- feeling tired and weak
- confusion
- fruity, sweet-smelling breath
- fast, deep breathing and increased heart rate
- mood changes

## What Increases Your Risk of DKA

You may have an increased risk of DKA if your body does not have enough insulin. The following lists possible causes of not having enough insulin. Place a check by any that apply to you.

- You have a new diagnosis of diabetes.
- You are not taking your insulin or the right amount of insulin
- You had a stroke, heart attack, surgery, an injury causing your body to need more insulin, an infection or another condition causing your body to need more insulin.
- You are taking certain medicines such as steroids.
- You are taking street drugs.
- You have a self-managed insulin pump that is not working properly because of:
  - an empty reservoir
  - a kinked or clogged infusion site
  - a dead battery (no power)
  - a problem with the pump
  - a poor infusion site (irritated, infected).

## Treatment

**DKA can lead to coma or death. It is important to get treatment right away. Call 911 or have someone drive you to the nearest hospital Emergency Department.**

When you arrive at the hospital, you will receive fluids, insulin and electrolytes through an intravenous (IV) line.

**(over)**

## How to Prevent DKA

- Monitor your blood glucoses at least 3 times each day and more often when you are sick.
- **Always** take your long-acting or basal insulin, even if you feel sick or are not able to eat. Do not stop taking insulin without advice from your health care provider, nurse or diabetes educator.
- If your health care provider prescribed a steroid medicine, ask what changes need to be made to your plan of care to prevent high blood glucose.
- Test for ketones\* if:
  - your blood glucose is more than 250 mg/dL for two tests in a row or if you are sick. If ketones are present, call your health care provider.
  - you have signs and symptoms of DKA (see above).

### How to Test for Ketones\*

Testing for ketones is done using special test strips. Your health care provider needs to prescribe these for you. Follow the instructions that come with the test strips, and any instructions your health care provider gives you.

## If You Are Using a Self-Managed Insulin Pump

- Test your blood glucose before and 1 hour after inserting a new infusion site.
- Test for ketones\* if glucose readings are more than 250 mg/dL.
  - If ketones are not present, use your insulin pump to give extra insulin (corrective dose). Check your blood glucose in 1 hour. If your blood glucose has not decreased, give more insulin with a syringe or insulin pen, following your health care provider's instructions. Change your infusion site. Then check your blood glucose in 1 hour.
  - If ketones are present, give more insulin with a syringe or insulin pen, following your health care provider's instructions. Change your infusion site. Then check your blood glucose in 1 hour.

## Whom to Call With Questions

Talk with your health care provider or diabetes educator if you have questions.