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BACKGROUND
- Multiple protocols and local guidelines in the UK
- Poor adherence to existing protocols
- Targeting of surrogate marker rather than culprit
- Unnecessary use of ABG (Patient discomfort)

2010 GUIDELINES: KEY ELEMENTS
- Fixed rate insulin infusions (FRII)
- Targeting serum ketone levels
- Emphasis on venous blood gases

“POOR MAN’S” ALTERNATIVES
- FRII targeting Glucose and Bicarbonate
- Alternative targets without Ketometers

RESULTS
100% RESPONSE RATE
90% HAVE A DKA PROTOCOL
45% FOLLOW KEY ELEMENTS OF 2010 GUIDELINES
55% EMPHASISE THE USE OF VENOUS BLOOD GASES
50% HAVE PLANS TO CHANGE TO 2010 NATIONAL GUIDELINE IN 2013
NONE FOLLOW 2010 GUIDELINES WITHOUT USING KETOMETERS

Figures based on data collected from all 20 hospitals admitting acutely ill patients in the North West (as of July 2013)

KEY POINTS
- New guidelines out since 2010
- DKA is Ketone not glucose disease
  but
- Ketometers not mandatory
- Emphasis on venous gases
- Uptake in the NW encouraging
- 75% of NW hospitals within 2013

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