

Sickness and Diabetes

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February 19, 2020

Objectives

- Investigate the cause of DKA in children with diabetes
- Determine the risks of illnesses in children with diabetes
- Evaluate the management of illness in children with diabetes



Disclosures

- No Financial Conflicts of Interest
- We will only discuss therapies that are currently FDA approved



Outline

- 1. Background
- 2. Diabetic ketoacidosis
- 3. DKA treatment
- 4. Sick day treatment



Background: Diabetes and Sickness

- Kids with diabetes and other chronic diseases have a higher absentee rate than their peers.
- Illness leads to increased risk of **KETONE** build-up
- Illness leads to increased risk of **DKA**
- Management of diabetes changes with illness in order to prevent life-threatening DKA.



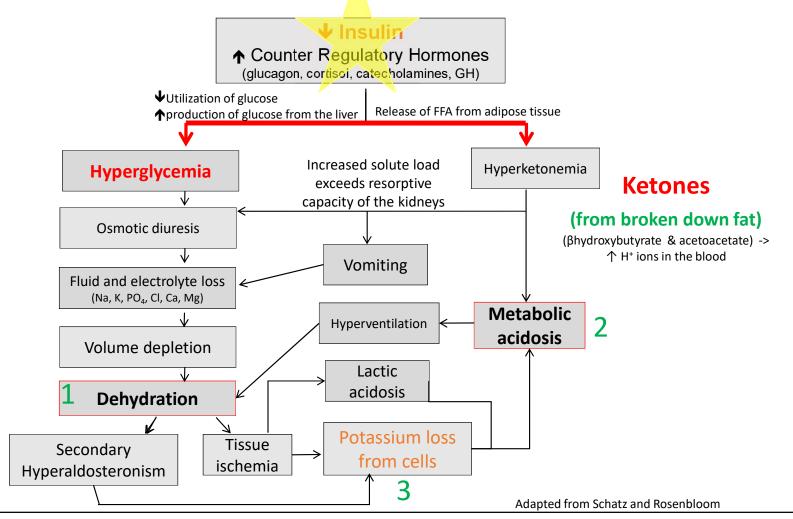
Diabetic Ketoacidosis (DKA)

DKA is the most common cause of death in children T1D.

- Type 1 diabetes ~1 in 250-300 kids in WI
- Patients with T1D always need insulin
- DKA: due to relative or absolute insulin deficit
- Prevention: KISS education, ↓ social barriers When sugars >250 or illness: KISS!

KISS: Ketones / Insulin / Sugars / Sips

Diabetic Ketoacidosis (DKA)



Diabetic Ketoacidosis (DKA)

- Nausea & emesis
- Abdominal pain (ketones)
- Tachycardia
- Dehydration
- Wheezing/"asthma"/Kussmauling
- Sore / red throat / acetone smell
- Lethargy, weight loss

DKA diagnosis: bicarb <15 • pH <7.25 • anion gap >15.

- Degree of hyperglycemia \rightarrow severity of dehydration
- Degree of acidosis → severity of insulinopenia



Rx for DKA: Hydration + Insulin

INSULIN drives K into cells so initial K may be inflated due to insulinopenia!

- 1. Dehydration (FLUID)
- 2. Metabolic Acidosis (INSULIN stops ketosis)
- **3.** Hypokalemia (FLUIDS w/ K + replete K)
- 4. Cerebral edema (watch for it + if needed Tx)

Increased thirst/urination +/- vomiting? Think NEW diagnosis of diabetes – emergency! Transfer to a children's hospital

Rx for Sick days: Prevent DKA with a KISS

- Illness leads to increased energy needs
- Illness leads to increased insulin needs
- Illness leads to increased risk of **KETONE** build-up
- Illness leads to increased risk of DKA



Rx for Sick days: Prevent DKA with a KISS

Ketones: Check every time you urinate (pee)

Insulin: Use syringe/pen to give correction insulin every 3 hours (no carb ratio)

Sugar (blood): Check every 3 hours

Sip: Sugar-free drinks if blood sugar >250 or sugary drinks if ≤250

KISS: Ketones / Insulin / Sugars / Sips



Rx for Sick days: Prevent DKA with a KISS

I am sick and/or I have ketones. What should I do?

Symptoms	What to Do
 Mild Able to eat and drink No vomiting No fever Urine: No ketones Blood: Ketones <0.6 mmol/L 	Take your long-acting basal insulin as usual, ANDKetones: Check once a day Insulin: Give all doses – carb ratio and correction Sugar (blood): Check before meals/bedtime Sip: Sugar-free drinks. (Fluids are very important.)
 Moderate Fever, nausea, or diarrhea Urine: Small/moderate ketones Blood: Ketones 0.6 -1.5 mmol/L 	Take your long-acting basal insulin as usual, ANDKetones: Check every time you urinate (pee)
Severe Vomiting Urine: Large ketones Blood: Ketones >1.5 mmol/L 	 Insulin: Use syringe/pen to give correction insulin every 3 hours (no carb ratio) Sugar (blood): Check every 3 hours Sip: Sugar-free drinks if blood sugar >250 or sugary drinks if ≤250



