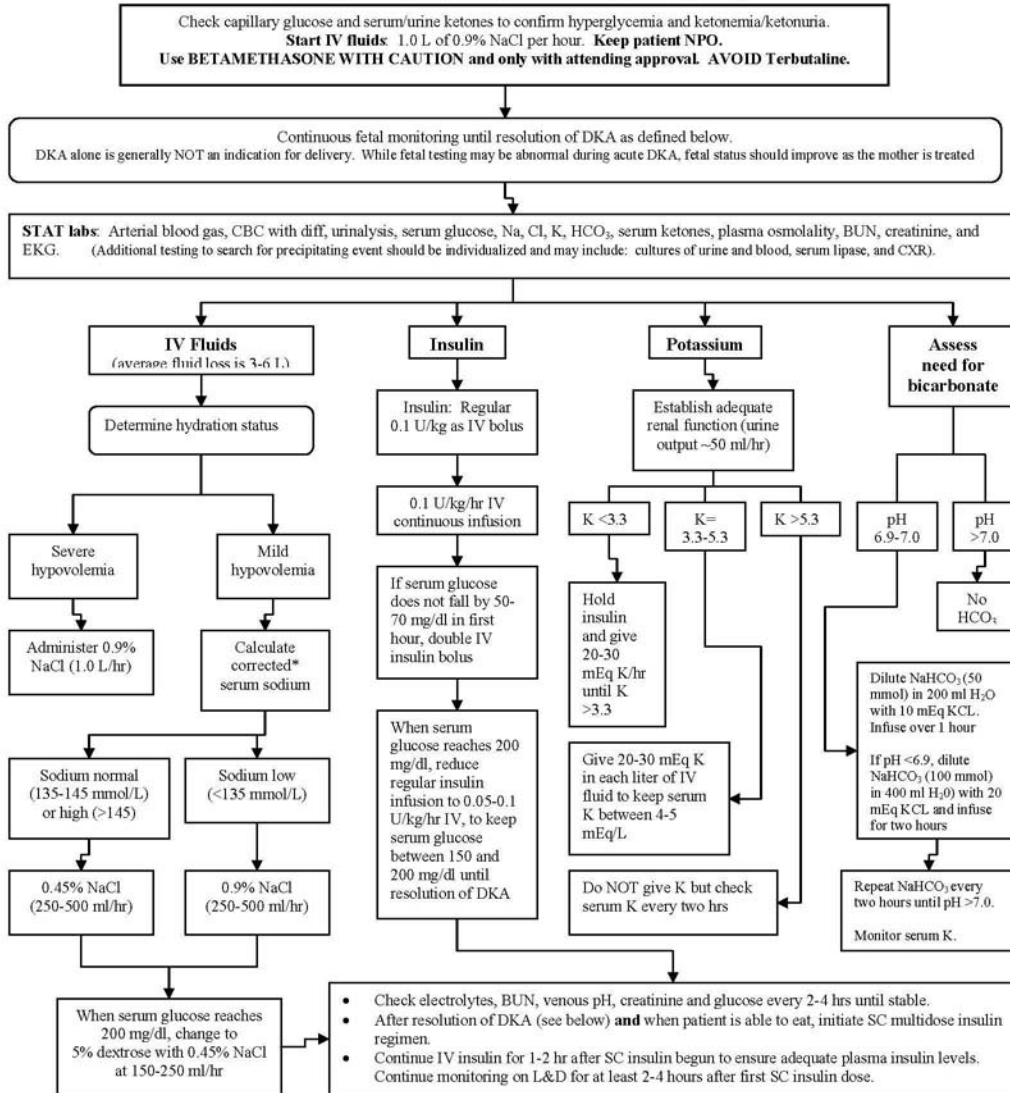


### Management of Diabetic Ketoacidosis in Pregnancy



**DKA diagnostic criteria:** Serum glucose >250 mg/dl, Arterial pH <7.3, Serum bicarbonate <18 mEq/l, and moderate ketonuria or ketonemia. DKA has been documented to occur at lower blood glucose levels during pregnancy (Cullen, 1996).

**Resolution of DKA:** Glucose <200 mg/dL, Anion gap <12 meq/L\*\*, Serum bicarb ≥18 meq/L, and Venous pH >7.3

\*Corrected serum sodium= Sodium + [(glucose -100) / 100 ]

\*\*Anion gap= (Na + K) – (Cl + HCO<sub>3</sub>) (all units mmol/L)

## References

1. Adapted from *UpToDate*®. Kitabchi AE et al: Treatment of diabetic ketoacidosis and hyperosmolar hyperglycemic state in adults. Access 11/03/2008.
2. Cullen MT et al. *Am J Perinatol* 1996 Oct; 13(7): 449-51.  
*Eleven episodes of DKA were diagnosed during the 10-year study period. Plasma glucose levels of less than 200 mg/dl were present in 4 of 11 patients (36%), 10(90%) of whom presented with nausea, vomiting, and decreased caloric intake.*

*Revised November 2008.*

### *Notification to Users*

*These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.*

*The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.*