

Pediatric Ketones and Sick Day Management

Check urine ketones if your child is ill OR if blood glucose is >300 or >250 two times in a row

Ketones	If eating and drinking well	If unable to eat or drink OR vomiting
URINE TRACE or NEGATIVE	No additional insulin is needed. Encourage sugar-free liquids.	Encourage small sips of clear, sugar-containing liquids (about 1 tablespoon) every 15 minutes.
(or blood ketones <0.5)	Check blood glucose and urine ketones every 2-3 hours	
URINE MODERATE (or blood ketones 0.5- 1.5)	_	Extra rapid-acting insulin is needed Multiply your usual correction dose by 1.5 If you figure the normal correction is 4 units, then give 6 units (4 X 1.5=6) If on a pump: give correction by injection and CHANGE PUMP INFUSION SET and SITE Encourage small sips of clear, sugar-containing liquids. Once blood glucose is over 200, then alternate sips with water or a sugar-free liquid. Ine ketones every 2-3 hours and ones every 3 hours as needed.
URINE LARGE (or blood ketones >1.5)		Extra rapid-acting insulin is needed Multiply your usual correction dose by 2 If you figure the normal correction is 4 units, then give 8 units (4 X 2=8) If on a pump: give correction by injection and CHANGE PUMP INFUSION SET and SITE Encourage small sips of clear, sugar-containing liquids. Once blood glucose is over 200, then alternate sips with water or a sugar-free liquid. blood glucose and urine ketones every for ketones every 3 hours as needed.



IMPORTANT --- Monitor for signs of DKA (diabetic ketoacidosis): Stomach pain, confusion, vomiting, labored breathing, lethargy or very sleepy

IF ANY OF THESE ARE PRESENT, GO TO THE NEAREST EMERGENCY DEPARTMENT