Thank you to everyone who participated in this study, which I believe is the largest ever national survey on the management of DKA ever conducted. The results were published in Diabetic Medicine in February 2016 (http://onlinelibrary.wiley.com/doi/10.1111/dme.12875/abstract and http://onlinelibrary.wiley.com/doi/10.1111/dme.12877/abstract).

The results showed that most hospitals (71%) who returned data used the JBDS guidelines.

The most common cause precipitants for DKA were infection and non-compliance with prescribed medication. A third of patients had at least 1 previous episode of DKA in the previous year. Of some concern was that 7.8% of all of the reported cases occurred in existing inpatients.

The guidelines are used well during the first hour or so after admission, with fluids and insulin being started within an hour of initial presentation, however, later during the hospital admission observations were not carried out as often as recommended. In addition, a significant minority (27.6%) developed hypoglycaemia (glucose<4.0mmol) and 55% developed hypokalaemia (potassium<3.5mmol/l) at some stage during their admission. It was difficult to know if this was because the guidelines for fluid, glucose and electrolyte replacement was not being followed as recommended, or if it was the guideline that was at fault.

With the institutional factors, just under 50% of specialist diabetes teams reported having diabetes inpatient specialist nurse staffing levels of 1 per 300 inpatient beds or greater, with a mean of 0.62. 75% of institutions had ketone meters available, and of those 75% had someone able to use them 24h per day.

Most teams reported having ongoing education for nursing and medical staff.

The data from these survey’s is also being used to generate data on the costs of treating DKA, watch this space!

Ketan

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