Setting up a centralised DKA Registry: A leap towards coordinating DKA management in the United Kingdom

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Introduction
Diabetic ketoacidosis (DKA) is a frequent and potentially life-threatening complication in people with diabetes. Although mortality rates have reduced over the years, mismanagement after hospital admission is an important contributory factor to in-hospital mortality, morbidity, increased DKA duration and length of stay.

Results
Since the objective is to identify best practice and not to compare, hospital names are coded A to F to ensure anonymity.

Aim
To establish a common DKA registry to identify gaps in management, assess outcomes and share best practices across centres.

Methods
- DKA admissions between 1 January 2021- 1 December 2021 across six (6) hospitals in the United Kingdom were included
- Exclusion criteria: pH > 7.31 and age > 18 years
- Data on fluid and insulin prescriptions, glucose and ketone monitoring, DKA duration and length of hospitalisation was collected.

Conclusion
- Barring Fixed rate infusion prescription, significant differences in management across hospitals were observed in all parameters.
- Establishing a centralised DKA registry would assist to share best practices, overcome disparities and ensure improved patient outcomes.

References

Figure 1
Graph A demonstrates the differences in DKA duration and Length of stay across hospitals.
Graph B elucidates the appropriateness of fluid, fixed rate infusion prescriptions, glucose and ketone measurements across hospitals.