

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.

Aim

To establish a common DKA registry to identify gaps in management, assess outcomes and share best practises 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.

Results

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

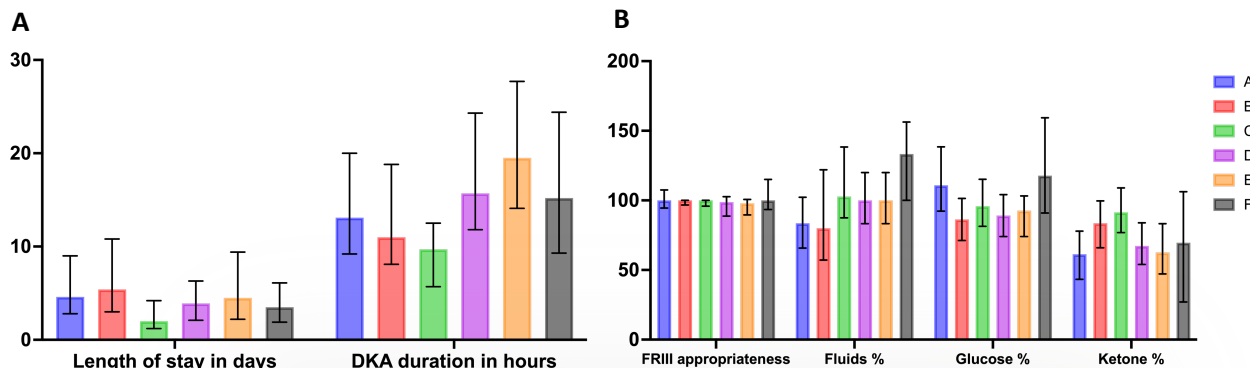
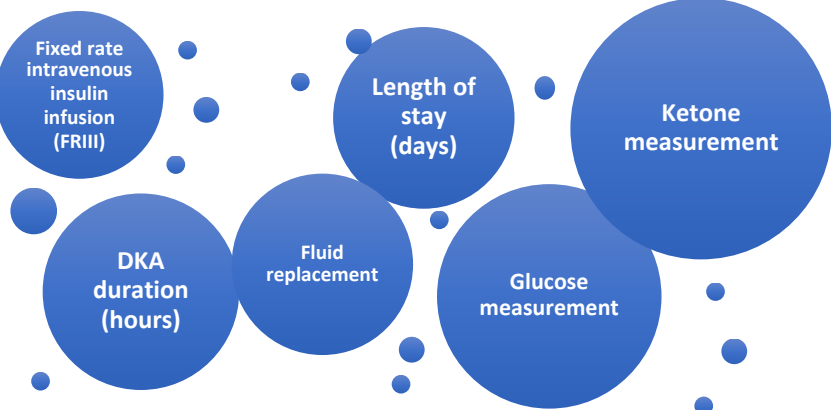


Figure 1

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



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

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