# Relationship between Chloride infusion and Base Excess in initial treatment of pediatric diabetic ketoacidosis

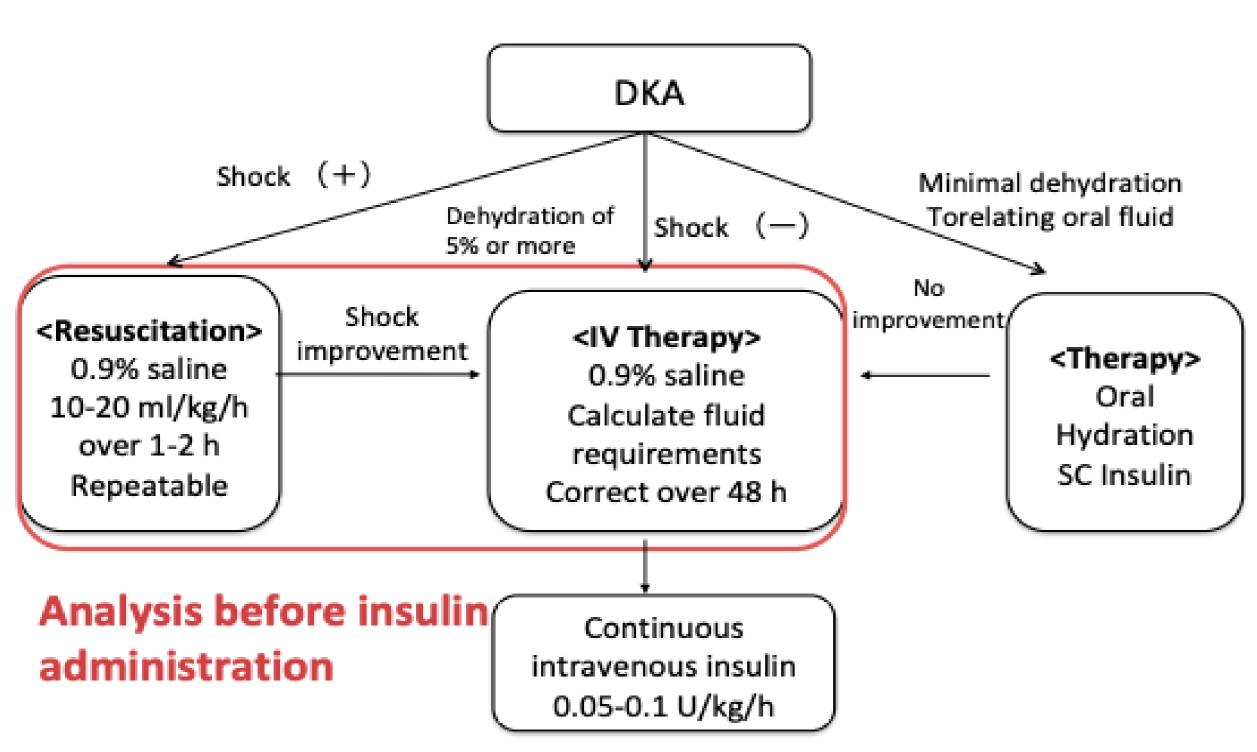
Kentaro Sawano<sup>1)2)</sup>, Fusa Nagamatsu<sup>1)</sup>, Kazuhiro Shimura<sup>1)</sup>, Hiromi Nyuzuki<sup>2)</sup>, Yohei Ogawa<sup>2)</sup>, Yukie Izumita<sup>3)</sup>, Yuki Abe<sup>3)</sup>, Nagisa Komatsu<sup>4)</sup>, Shigeru Takishima<sup>5)</sup>, Sayaka Watanabe-Yamamoto<sup>6)</sup>, Takeshi Yamaguchi<sup>6)</sup>, Akie Nakamura<sup>6)</sup>, Koji Muroya<sup>7)</sup>, Keisuke Nagasaki<sup>2)</sup>, Akihiko Saitoh<sup>2)</sup>, Yukihiro Hasegawa<sup>1)</sup>

- 1) Department of Endocrinology and Metabolism, Tokyo Metropolitan Children's Medical Center,
- 2) Division of Pediatrics, Department of Homeostatic Regulation and Development, Niigata University Graduate School of Medical and Dental Sciences, 3) Department of Pediatrics, Niigata City General Hospital,
- 4) Department of Pediatrics, Japanese Red Cross Hospital Kumamoto, 5) Department of Pediatrics, Soka Municipal Hospital, 6) Department of Pediatrics, Hokkaido University Graduate School of Medicine,
- 7) Department of Endocrinology and Metabolism, Kanagawa Children's Medical Center

#### Introduction

- In initial treatment of DKA, 0.9% saline is mostly used before insulin to restore the peripheral circulation.
- The use of large amounts of chloride-rich/bicarbonate-free fluids may cause the rapid development of hyperchloremic metabolic acidosis.<sup>1)</sup>
- The severity of DKA, defined by pH,  $HCO_3^-$ , Base Excess (BE), is one of the factors in the prognosis. Advanced acidosis is a risk factor of cerebral edema, which is known to the major event in term of the life prognosis.

# Initial Treatment of DKA 2)



#### Purpose

- Can large amounts of Cl-rich fluids lead to worsening of acidosis before insulin administration?
- Is the development of acidosis Cl-dose-dependent?

# Objective

- Patients with DKA admitted to 7 institutions between 4/1/2010 3/31/2018
- Age < 15 years
- Those with two or more Blood Gas Analyses being performed.

### <Excluded>

Those with insulin being administered in the previous hospitals. Those for whom bicarbonate was used.

### Methods

- As an indicator of acidosis, BE was used to remove respiratory factors.
- We analyzed the average Chloride infusion rate (mEq/kg/h) and BE change rate (BE change/hour) from the start of infusion to before insulin administration.
- We also divided the children into two groups according to average Chloride infusion rate.

Group Slow (Group S) (N = 21): less than 1.54 mEq/kg/h Group Rapid(Group R)(N = 24) : 1.54 mEq/kg/h or more

Cl 1.54 mEq/kg/h = 10 ml/kg/h 0.9% saline

Sex	Male	27 cases
	Female	18 cases
Age	Mean	7.1 y
		(2.1-12.1)
	0.9% saline only	37 cases
Infusion	0.9% saline →0.9% saline+KCl	1 case
type	Ringer's acetate → 0.9% saline	2 cases
	0.9% saline → Ringer's acetate	5 cases
Infusion	Madian	2.0h
time	Median	(1.67-2.82)

# Results 1 BE Change Rate = $-0.57 (\pm 0.87)$ Acidosis ΒE Change Correlation coefficient = 0.00527 Rate **No Correlation**

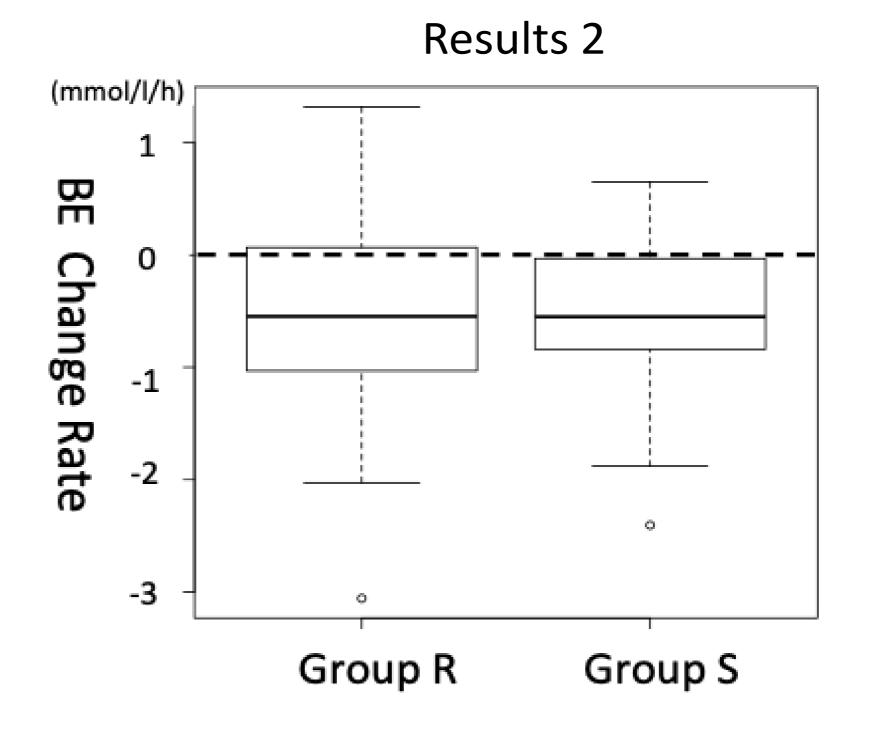
Average Cl Infusion Rate

Results

4 (mEq/kg/h)

95% confidence interval **= -0.831∼-0.309** 

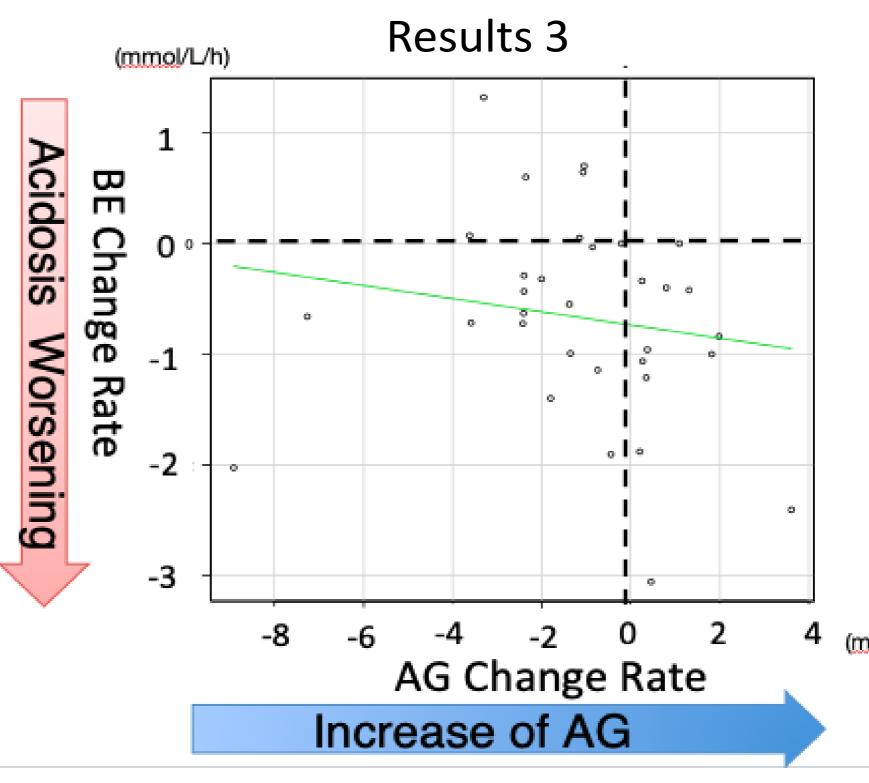
> The BE change rate was negative.



-3

No significant difference

p = 0.973



[Factors of BE decrease] BE may be decreased due to ketone body production before insulin administration. Because ketone body over time was not be collected, the change of anion gap (AG) was evaluated.

Correlation coefficient = -0.159

**No Correlation** 

## Discussion

- 95% CI of the mean of the BE change rate was below zero.
- → Acidosis worsened after Cl-rich fluids in DKA initial treatment.
- The BE change was not Cl-dose-dependent.
- → Physicians should know this possible worsening of metabolic acidosis during the phase of initial Cl-rich fluid therapy before insulin administration regardless of Cl infusion rate.

### Limitation

It is not clear whether the BE change was caused by influence of Cl dose or infusion volume.

### Conclusion

BE decreased after administration of chloride-rich fluids in the initial treatment for DKA before insulin administration.

### References

1) Wolfsdoef JI, et al. Pediatric Diabetes 2014;20:154-179 2) Wolfsdoef JI, et al. ISPAD clinical practice consensus guideline 2018



