StepBridge MD
USMLE REVIEW NOTES

STEP 3 | ORIGINAL SAMPLE

DKA management sample

A management framework, a potassium gate, monitoring points, and original questions.

$49
FULL PROGRAM PRICE

4	3	CCS
designed pages	original questions	topic modules

This sample is independently written and designed to demonstrate the StepBridge MD format.
For exam preparation only. It is not a substitute for clinical judgment or patient specific care.

DKA management framework

Start with stabilization, then run fluids, insulin, potassium, and precipitant management in parallel.

1

Fluids

Restore perfusion and replace deficit while accounting for cardiac and renal status

2

Insulin

Stop ketogenesis after confirming potassium is safe for insulin therapy

3

Potassium

Expect total body depletion even when the initial serum value is normal or high

4

Precipitant

Look for infection, ischemia, medication issues, missed insulin, and other triggers

MONITOR THE PROCESS

Glucose every 1 to 2 hours; electrolytes, creatinine, beta hydroxybutyrate, and venous pH every 4 hours until DKA resolves.

Source: Umpierrez et al., Hyperglycemic Crises in Adults With Diabetes, Diabetes Care 2024.

The potassium gate

Insulin shifts potassium into cells. That is why the serum potassium level changes what you do next.

K+ below 3.5 mmol/L

Replace potassium and delay insulin until potassium is above 3.5 mmol/L.

K+ 3.5 to 5.0 mmol/L

Give potassium with IV fluid as needed to keep serum potassium near 4 to 5 mmol/L.

K+ above 5.0 mmol/L

Start the indicated DKA treatment without potassium initially and recheck frequently.

RESOLUTION CHECK

Resolution is based on ketone clearance and recovery of venous pH or bicarbonate. The 2024 consensus warns that the anion gap may mislead during recovery from hyperchloremic acidosis.

Source: 2024 ADA EASD JBDS AACE DTS Hyperglycemic Crises Consensus Report.

Quick check: DKA management

These original questions show how the notes connect a fact to a decision. Answers appear inside each card.

QUESTION 1

A patient with DKA has potassium 3.2 mmol/L. What comes before insulin?

Answer: Potassium replacement

The 2024 consensus advises delaying insulin until potassium rises above 3.5 mmol/L.

QUESTION 2

What are the core treatment pillars in adult DKA?

Answer: IV fluids, insulin, electrolyte management, and treatment of the precipitating cause

All four run together after immediate stabilization and appropriate safety checks.

QUESTION 3

Which measurements should be followed repeatedly until DKA resolves?

Answer: Glucose, electrolytes, renal function, beta hydroxybutyrate, and venous pH

Frequent reassessment confirms response and detects treatment complications.

FORMAT PROMISE

Every quiz item is paired with a short explanation so the learner reviews the reasoning, not only the correct option.

Source: 2024 ADA EASD JBDS AACE DTS Hyperglycemic Crises Consensus Report.