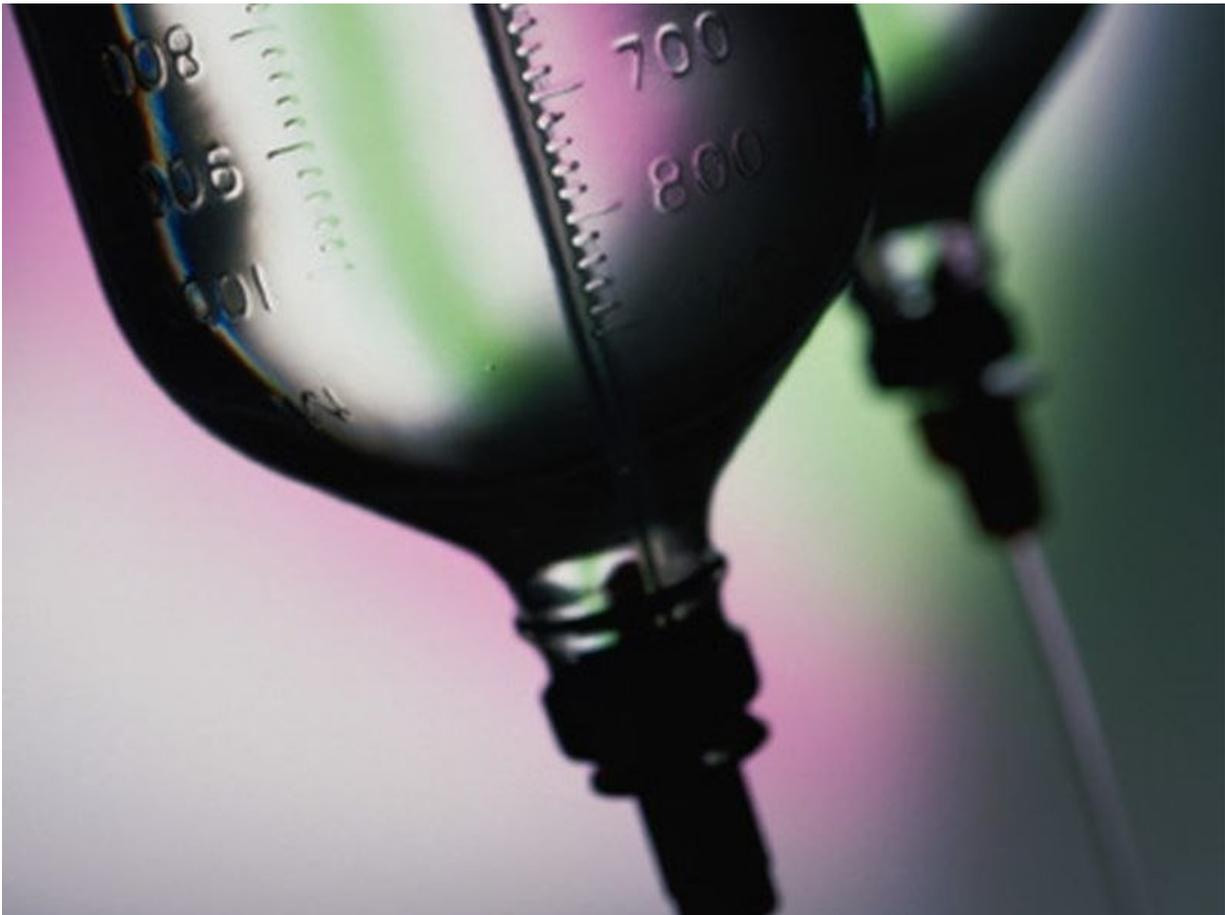


IV fluid specs do not influence neuro outcomes in kids w/DKA

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(HealthDay)—Neurologic outcomes in children with diabetic

ketoacidosis are similar regardless of the rate of administration or the sodium chloride content of intravenous fluids, according to a study published in the June 14 issue of the *New England Journal of Medicine*.

Nathan Kuppermann, M.D., M.P.H., from University of California, Davis, and colleagues randomly assigned 1,255 children with diabetic ketoacidosis (1,389 episodes) to one of four treatment groups in a 2-by-2 factorial design (0.9 or 0.45 percent sodium [chloride](#) content and rapid or slow rate of administration).

The researchers found that the Glasgow Coma Scale (GCS) score declined to less than 14 in 48 episodes, and clinically apparent brain injury occurred in 12 episodes. There were no significant differences between the groups with respect to the percentage of episodes in which the GCS score declined to below 14, the magnitude of decline in the GCS score, or the duration of time in which the GCS [score](#) was less than 14; with respect to the results of the tests of short-term memory; or with respect to the incidence of clinically apparent brain injury during treatment for diabetic ketoacidosis. Post-recovery memory and IQ scores were also similar among the groups.

"Neither the rate of administration nor the sodium chloride content of intravenous fluids significantly influenced neurologic outcomes in children with [diabetic ketoacidosis](#)," the authors write.

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