

Analysis of diabetic ketoacidosis

The Editor,

I read with interest the article on diabetic ketoacidosis (DKA).^[1] The authors deserve credit for documenting such cases. However, certain points are not crystal clear.

As mentioned by the authors, DKA patients should be treated in Intensive Care Unit (ICU) (provided bed is available) as per the policy followed at study hospital. However, it was not clarified whether there was any such patient for whom ICU admission was indicated but admitted to ward because of shortage of bed? Such group of patients, if not taken care of, would have the capacity to distort the results. Special mention is deserved by patients who died at the ward – were they not critical enough at the time of admission for deserving ICU beds or they were shifted to wards just because beds were not available at ICU?

What happens to those who were initially admitted in wards but eventually requires ICU admission? Was intention to treat followed for analysis? In fact, the survived and dead patients could be grouped together to assess the relative contribution of different risk factors to mortality in patients with DKA. It was not clarified whether anyone with recurrent admission died.

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Conflicts of interest

There are no conflicts of interest.

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