

Abstract

The intensive care unit (ICU) of a small community hospital was lacking an updated evidence-based diabetic ketoacidosis (DKA) protocol resulting in uncertainty and frustration for the nursing staff. The pilot study sought to answer the question: *For registered nurses working in acute care, does the implementation of an evidence-based DKA protocol improve nurse self-reported level of autonomy and decision-making?* An evidence-based DKA protocol was implemented following staff education. Registered nurses working full-time in the ICU were surveyed pre- and post-protocol implementation to evaluate nurse-reported autonomy and decision-making using the Dempster Practice Behaviors Scale. A sign test of median was computed to compare pre- and post-protocol implementation survey results. No statistical significance was noted due to outside factors and poor response rate. Replication and continuation of the project with a larger sample size and timeframe are recommended to determine results as these factors may have limited the accuracy of the results.