**Introduction**

- Management of diabetic ketoacidosis (DKA) requires close monitoring with frequent finger-sticks and blood work.
- Limitations in the availability of staffing on weekends may alter the morbidity and mortality of these patients.

**Aim:** To assess the difference in complications and mortality rates between hospitalized DKA patients on the weekend vs. weekday.

**Methods**

- **Database:** 2010-2014 U.S. Nationwide Inpatient Sample
- **Inclusion Criteria:** >18 yo and hospitalized for DKA (ICD-9 codes: 250.1 or 250.3)
- **Statistical Models:** Differences in in-hospital mortality between patients admitted on the weekend verses the weekday were evaluated by using a logistic regression model, adjusting for patient and clinical factors.

**Results**

- 175,802 admissions for DKA
- Increased risk of death for patients admitted on weekend vs. weekday
- Odds ratio (OR) of mortality for patients admitted on a weekend vs. weekday: 1.16 (95% CI: 1.03-1.31), adjusted for age, race, sex, LOS, and year admitted
- Odds that patients admitted on a weekend vs. weekday had an increased LOS was 1.03 (95% CI: 1.02-1.03)
- Similar risk of DKA complications between both groups

**Conclusions**

- Patients hospitalized on the weekend for DKA have a higher mortality
- Although mortality of these patients are higher the percentage of DKA complications and LOS between the two sets of patients were similar

**Limitations:** Hypothesized that increase in mortality is associated to limited staffing on weekends, however this data cannot be used to demonstrate a causal relationship between the two