

PERMANENT PATIENT RECORD

PAGE ONE OF TWO

Patient Identification

**CRITICAL CARE PROTOCOL – INTRAVENOUS INSULIN page 1 of 2**

DATE	TIME	<b>Goal: Maintain serum glucose range of 90-140mg/dl</b>						
		<b>1. Check glucose every 1 hour until 3 values in desired range</b>						
		<b>2. Check glucose every 2 hours times 4, then every 4 hours if glucose stays in desired range</b>						
		<b>3. RESTART EVERY HOUR BS CHECKING IF ANY CHANGE IN INSULIN RATE IS MADE OR IF GLUCOSE IS IN CRITICAL RANGE (&lt;65MG/DL OR &gt;250MG/DL)</b>						
		<b>4. Standard dilution equals 50 units Regular humulin insulin in 100 cc NaCl</b>						
		<b>To initiate regular humulin insulin infusion:</b>						
		<b>GLUCOSE MG/DL</b>	<b>REGULAR INSULIN (UNITS)</b>					
		140-200mg/dl	2 units IV Push and start infusion at 2 units/hour					
		201-250mg/dl	4 units IV Push and start infusion at 2 units/hour					
		251-300mg/dl	6 units IV Push and start infusion at 2 units/hour					
		301-350mg/dl	8 units IV Push and start infusion at 2 units /hour					
		351-400mg/dl	10 units IV Push and start infusion at 2 units/hour					
		>400 mg/dl	Call MD for orders					
		<b>Ongoing regular insulin infusion:</b>						
		<b>Glucose below desired range (less than 90 mg/dl)</b>						
		<b>Glucose</b>	<b>Infusion rate or 1-3 units/hour</b>	<b>Infusion rate of 4-6 units/hour</b>	<b>Infusion rate of 7-9 units/hour</b>	<b>Infusion rate of 10-12 units/hour</b>	<b>Infusion rate of 13-16 units/hour</b>	<b>Infusion rate of &gt; 16 units/hour</b>
		<65mg/dl	D/C infusion and give 1/2 amp of D50W IVP. <u>Recheck BS in 30 min.</u>	D/C infusion and give 1/2 amp of D50W IVP <u>Recheck BS in 30 min.</u>	D/C infusion and give 1/2 amp of D50W IVP <u>Recheck BS in 30 min.</u>	D/C infusion and give 1/2 amp of D50W IVP <u>Recheck BS in 30 min.</u>	D/C infusion and give 1/2 amp of D50W IVP <u>Recheck BS in 30 min.</u>	D/C infusion and give 1/2 amp of D50W IVP <u>Recheck BS in 30 min.</u>
		66-80 mg/dl	D/C infusion. Re-check glucose in 1 hour. If >140 mg/dl restart infusion but decrease by 1 unit/hour	D/C infusion. Re-check glucose in 1 hour. If >140 mg/dl restart infusion but decrease by 1 unit/hour	D/C infusion. Re-check glucose in 1 hour. If >140 mg/dl restart infusion but decrease by 2 unit/hour	D/C infusion. Re-check glucose in 1 hour. If >140 mg/dl restart infusion but decrease by 2 unit/hour	D/C infusion. Re-check glucose in 1 hour. If >140 mg/dl restart infusion but decrease by 3 unit/hour	D/C infusion. Re-check glucose in 1 hour. If >140 mg/dl restart infusion but decrease by 3 unit/hour
		80-90mg/dl	D/C infusion. Re-check glucose in 1 hour. If >140 mg/dl restart infusion but decrease by 1 unit/hour	Decrease infusion rate by 50%	Decrease infusion rate by 50%	Decrease infusion rate by 50%	Decrease infusion rate by 50%	Decrease infusion rate by 50%
		<b>Glucose in desired range (90-140mg)</b>						
		<b>Glucose</b>	<b>Regular insulin (any rate)</b>					
		90-140mg/dl	No changes, however, decrease rate by 1 unit/hour if glucose continues to decrease within the desired range over 2 consecutive serum glucose checks					
		CONTINUED ON PAGE TWO						

Date	Time	Intravenous Insulin order sheet Page 2 of 2				
		<b>Glucose level above desired range (&gt;140mg/dl)</b>				
		<b>Glucose</b>	<b>Infusion rate of 1-5 units/hour</b>	<b>Infusion rate of 6-10 units/hour</b>	<b>Infusion rate of 11-16 units/hour</b>	<b>Infusion rate &gt;16 units/hour</b>
		141-200mg/dl	2 units IV Push and Increase infusion by 1 unit/hour	3 units IV push and Increase infusion by 2 units/hour	4 units IV push and Increase infusion by 3 units/hour	Call physician for new orders
		201-250mg/dl	4units IV Push and Increase infusion by 1 unit/hour	5 units IV push and Increase infusion by 2 units/hour	6 units IV push and Increase infusion by 3 units/hour	Call physician for new orders
		251-300mg/dl	6units IV Push and Increase infusion by 1 unit/hour	7 units IV push and Increase infusion by 2 units/hour	8 units IV push and Increase infusion by 3 units/hour	Call physician for new orders
		301-350mg/dl	8 units IV Push and Increase infusion by 1 unit/hour	9 units IV push and Increase infusion by 2 units/hour	10 units IV push and Increase infusion by 3 units/hour	Call physician for new orders
		351-400mg/dl	10 units IV Push and Increase infusion by 1 unit/hour	11 units IV push and Increase infusion by 2 units/hour	12 units IV push and Increase infusion by 3 units/hour	Call physician for new orders
		>400 mg/dl	Call physician for new orders	Call physician for new orders	Call physician for new orders	Call physician for new orders
		<b>NURSE SIGNATURE:</b>			<b>Date</b>	<b>Time</b>

**PERMANENT PATIENT RECORD – DO NOT DISCARD**

NURSE: PLACE IN MEDICATION KARDEX