

ORDERS FOR TREATMENT

STAT / NOW

CIRCLE NAME OF DRUG IF A
GENERIC EQUIVALENT IS NOT ACCEPTABLE

DATE	TIME	INSULIN INFUSION ORDERS FOR CRITICALLY ILL PATIENTS
		(PLEASE CIRCLE ALL THAT APPLY) (Page 1 of 3)
		1. Initiate insulin infusion protocol below when blood glucose is greater than 180 mg/dL.
		Target blood glucose 120 - 160 mg/dL
		2. Discontinuation of the protocol. These orders are to be discontinued at time of CCS discharge or with a physician order. Check with physician for new insulin and blood glucose check orders
		<u>Insulin Infusion Protocol</u>
		<u>Blood glucose checks</u>
		<ul style="list-style-type: none"> • Every 2 hr x 3 initially and after every insulin rate change • Every 4 hr once blood glucose stable x 6 hr (i.e. no insulin rate change for 6 hr) • Exceptions are: 1/2 hr or 1 hr checks as noted below • If infusion is off, continue to check blood glucose a minimum of every 4 hr • Continue every 2 hr blood glucose for patients on CRRT, septic until hemodynamically stable, i interruption of tube feedings, hypothermia treatment, high dose scheduled steroids (hydrocortisone greater than 300 mg daily total) intermittent doses of high volume dextrose solutions. • Call Physician <ul style="list-style-type: none"> - If blood glucose is greater than 500 mg/dL for 2 blood glucose checks in a row - If blood glucose persistently less than 60 - If recurrent episodes of hypoglycemia
		<u>Insulin</u>
		<ul style="list-style-type: none"> • Insulin bolus: regular insulin • Insulin infusion: regular insulin 1 unit/ml
		<u>Initial insulin bolus/infusion</u>
		<ul style="list-style-type: none"> • Blood glucose greater than 500 mg/dL: 15 units IV bolus, then 10 units/hr • Blood glucose 301 - 500 mg/dL: 10 units IV bolus, then 8 units/hr • Blood glucose 201 - 300 mg/dL: 5 units IV bolus, then 4 units/hr • Blood glucose 181 - 200 mg/dL: 2 units/hr • Blood glucose in one hour and then go to stabilizing section
		continued on next page
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		<p><u>Stabilizing insulin infusion</u></p> <ul style="list-style-type: none"> • Blood glucose greater than 250 mg/dL: 5 unit IV bolus, increase by 2 units/hr, check blood glucose in 1 hr, then return to Stabilizing Section • Blood glucose 181 - 250 mg/dL: increase by 2 units/hr, check blood glucose in 1 hr, then return to Stabilizing section • Blood glucose 101 - 180 mg/dL: no change, check blood glucose in 1 hr, then go to Maintenance section • Blood glucose 60 - 100 mg/dL: decrease by half (rounding down), check blood glucose in 1 hr, then go to Maintenance section • Blood glucose less than 60 mg/dL: go to Hypoglycemia section • If blood glucose decreases by greater than 100 mg/dL since previous check, then do not increase insulin infusion and recheck blood glucose in 2 hrs <p><u>Maintenance insulin infusion</u></p> <ul style="list-style-type: none"> • Blood glucose greater than 200 mg/dL: go to Stabilizing section • Blood glucose 181 - 200 mg/dL: increase by 2 unit/hr • Blood glucose 161 - 180 mg/dL: increase by 1 unit/hr • Blood glucose 121 - 160 mg/dL: no change • Blood glucose 101 - 120 mg/dL: decrease by 2 units/hr, check blood glucose in 1 hr • Blood glucose 60 - 100 mg/dL: stop infusion, check blood glucose in 1 hr • Blood glucose less than 60 mg/dL: stop infusion, go to Hypoglycemia section • May adjust insulin by 0.5 units/hr to maintain glucose within target range. • If blood glucose decreases by greater than 100 mg/dL since previous check, then do not increase insulin infusion and recheck blood glucose in 2 hrs.
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		<p><u>Hypoglycemia treatment</u></p> <ul style="list-style-type: none"> ● Blood glucose less than 60 mg/dL: give 25ml 50% Dextrose IV, check blood glucose in 1/2 hr <ul style="list-style-type: none"> ● 1/2 hr blood glucose <ul style="list-style-type: none"> - less than 60 mg/dL: give 50ml 50% Dextrose IV, call physician - 60 mg/dL or greater: check blood glucose in 1 hr ● 1 hr blood glucose <ul style="list-style-type: none"> - less than 60 mg/dL: give 50ml 50% Dextrose IV, call physician - 60 - 200 mg/dL: no insulin, check blood glucose in 2 hr, then go to Maintenance section - greater than 200 mg/dL start at 1 unit/hr, check blood glucose in 2 hr, then go to Maintenance section ● Call physician for recurrent episodes of hypoglycemia <p><u>Insulin infusion changes based on changes in glucose intake</u></p> <ul style="list-style-type: none"> ● Decreased glucose intake: Tube feeds held for greater than 20 minutes for high residuals, medications, CPAP trials, etc. or TPN and glucose containing IV fluids held or discontinued <ul style="list-style-type: none"> - If greater than 3 units/hr decrease by half (rounding down), check blood glucose 1 hr - If less than or equal to 3 units/hr, hold infusion, check BS 1 hr ● Increased glucose intake: Restarting tube feedings <ul style="list-style-type: none"> - Feeding restarted at previous rate: resume insulin at previous rate - Feedings restarted at lower rate: adjust as needed using Maintenance section
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