



**INSULIN INFUSION**  
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IMPRINT PATIENT PLATE WITHIN THIS BOX

**FAX ORDERS TO PHARMACY ASAP**

**Standard Insulin Infusion Concentration: 250 units/250ml NS (1 unit/mL) To keep BS ≥ 80 < 120**

**Blood glucose** (capillary, venous, arterial) monitoring every 1 hour for 24 hours until blood glucose stabilized. Once glucose level within desired range, then monitor every 2 hours

**INITIAL DOSE:** For blood glucose greater than 200 mg/dL, bolus with Regular Insulin 5 units IV

**INITIAL INFUSION RATE:**      3 units/hour                       7 units/hour

**TITRATE INFUSION AS FOLLOWS:**

Critical Care & ER only	Action
Less than 60	<ul style="list-style-type: none"> <li>DC infusion &amp; give 25mL of dextrose 50%</li> <li>Recheck blood GLU in 1 hour, if &gt; 110, restart infusion but <b>decrease</b> rate by <b>50%</b> Pier Rate</li> </ul>
60 – 79	<ul style="list-style-type: none"> <li>DC infusion</li> <li>Recheck blood GLU in 1 hour, if &gt; 110, restart infusion but <b>decrease</b> rate by <b>40%</b></li> </ul>
80 – 130	<ul style="list-style-type: none"> <li>Blood sugar within desired range and <b>NO CHANGE IN RATE</b> unless it continues to <b>decrease</b>, then <b>decrease</b> rate by <b>30%</b></li> </ul>
131 – 250	<ul style="list-style-type: none"> <li>If GLU reduction &lt; 25mg/dL from prior hour <b>increase</b> rate by <b>20%</b>.</li> <li>If GLU reduction ≥ 25 ≤ 50mg/dL from prior hour, <b>NO CHANGE IN RATE</b></li> <li>If GLU reduction greater than 50mg/dL from prior hour, <b>Decrease</b> rate by <b>20%</b></li> </ul>
251 and greater	<ul style="list-style-type: none"> <li>If GLU reduction &lt; 50mg/dL from prior hour, bolus with current rate of insulin and <b>increase</b> rate by <b>20%</b></li> <li>If GLU reduction 50-75mg/dL from prior hour, <b>NO CHANGE IN RATE</b></li> <li>If GLU reduction &gt; 75mg/dL from prior hour, <b>Decrease</b> rate by <b>20%</b></li> </ul>

**IF INSULIN RATE ABOVE OR EQUAL THAN 30 UNITS PER HOUR CALL MD!**

If patient begins to eat while on Insulin infusion\* Use insulin aspart (Humalog) SQ after meal as follows:

Blood Glucose Level Prior to Meal	Humalog Insulin Dosage
Greater than 80 mg/dL	3 units SQ immediately after eating
Greater than 120 mg/dL	5 units SQ immediately after eating
Greater than 150 mg/dL	8 units SQ immediately after eating

\*Consider converting patient from insulin drip to insulin glargine (Lantus) 24 hours after beginning to eat. At 60% of Prior 24 / Hours total Insulin Dose.

Call physician if

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Unit Clerk: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Noted by RN: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_