



Endocrinology Division

INSULIN DRIP ORDERS – Drs. Biggs / Usala / Brantley / Arias / Dodson For use on hospital floor, OR, RR

- 1) Initiate IV Insulin Flowsheet and keep on the bedside record.
- 2) Start IV :
 - Normal Saline at 10 ml/hr
 - D5W with 20meq KCL/l at 100 ml/hr
 - D5 ½NS with 20meq KCl/l at _____ ml/hr
 - Other: _____
- 3) Mix insulin drip:
100 units Novolin R into 100ml NS to equal a concentration of 1.0 units per cc. (May substitute 250 units in 250ml)
- 4) Piggyback insulin drip into IV using IMED or equiv pump.
Use insulin Infusion Rate Column # 1 – 2 – 3 – 4 – 5
(choose one)
- 5) Check fingerstick Blood Glucose (BG):
 - every hour
 - every hour x _____ hours, then every 2 hours
 - every 2 hours

Do not use alternate sites without endocrinology approval.

- 6) Adjust the insulin infusion rate each time the BG is measured, according to the column specified in order #4.
- 7) Treat for hypoglycemia if BG less than 80 or _____.
 - a. Give D50W by IV push using formula :
 $(100 - \text{BG}) \times 0.3 = \text{ml of D50W to be given IV push.}$
 - b. Recheck glucose in 15 minutes, and
 - c. Call physician to see if Infusion Rate Column should be changed.

- 8) Call endocrine MD if :
- BG < 61 (to help recalculate dose)
 - BG > 200
 - Episode of BG below 70 twice in a row
 - Other physicians order insulin sq, iv, or in TPN.
 - Feedings or TPN are started, stopped, or changed.
 - Other physicians turn off drip for any reason.

- 9) Obtain Lab glucose if fingerstick BG is < 40 or > 450.

Please note that you must recalculate the insulin dose with each BG, according to the column specified in order #4.

- 10) Other orders:
- _____

Date: _____ Time: _____ MD Signature: _____

	Column 1	Column 2	Column 3	Column 4	Column 5
Blood Glucose					
< 80	OFF	OFF	OFF	OFF	OFF
80-99	OFF	0.2	0.5	1.0	1.5
100-119	0.2	0.5	1.0	1.5	2.0
120-149	0.5	1.0	1.5	2.0	3.0
150-179	1.0	1.5	2.0	3.0	4.0
180-209	1.5	2.0	3.0	4.0	8.0
210-239	1.5	2.0	4.0	6.0	12.0
240-269	2.0	3.0	5.0	8.0	16.0
270-299	2.0	3.0	6.0	10.0	20.0
300-329	2.5	4.0	7.0	12.0	20.0
330-359	2.5	4.0	8.0	14.0	20.0
>= 360	3.0	6.0	12.0	16.0	20.0

Notes: **Column 1** is for <1.0 U/h maintenance
Column 2 is 1.1 – 1.5U/h – **most start here**
Column 3 estimated rate 1.6 – 2.0 U/h; when column 2 has failed; post CABG patients, those on steroids and those receiving >80U/d start here.
Column 4 Patients whose estimated rate is > 2U/h for maintenance and column 3 has failed; no patient starts here.
Column 5 Patients whose estimated rate is > 4U/h for maintenance and column 4 has failed; no patient starts here, candidates: high dose steroids, IABP, consider the intensive protocol if in ICU.

Sources: Endocrine Practice 8:10-18, 2002, Texas Diabetes Council Publication # :45-12063
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