

## GUIDELINES FOR ORDERING INTRAVENOUS INSULIN INFUSION (Revised 10/5/11)

**\*\*This information is for physician reference only.\*\***

1. As of July 21, 2011, use of the VCMC Adult Insulin Infusion protocol (using algorithms) is immediately suspended.
2. Please write individualized orders for patients requiring an insulin drip using the **IV Insulin Infusion Orders**. Only one column can be ordered at a time, and changes in insulin dosing require a new physician order.
3. If greater than 60 days have passed since the patient's last **HbA1c**, check the box to order it.
4. Write in a specific **goal BG range**. Refer to goal recommendations.
5. Start with column 1 and write **ONLY** this column as an order.
6. If the nurse calls you for BG>180 mg/dL x 2, rewrite the order moving up one column.
7. If the nurse calls you for BG<70 mg/dL, make sure hypoglycemia is treated appropriately (see orders). Continue hourly BG checks once BG is over 70, then resume drip if BG>120 mg/dL, moving down one column.

| 1  |          | 2       |          | 3       |          | 4       |          |
|--|----------|---------|----------|---------|----------|---------|----------|
| BG   | Units/hr | BG      | Units/hr | BG      | Units/hr | BG      | Units/hr |
| <70 = Hypoglycemia (see below for treatment) |          |         |          |         |          |         |          |
| <120   | Off      | <120    | Off      | <120    | Off      | <120    | Off      |
| 120-129                                      | 0.2      | 120-129 | 0.5      | 120-129 | 1        | 120-129 | 1.5      |
| 130-149                                      | 0.5      | 130-149 | 1        | 130-149 | 2        | 130-149 | 3        |
| 150-169                                      | 1        | 150-169 | 1.5      | 150-169 | 3        | 150-169 | 4        |
| 170-189                                      | 1.5      | 170-189 | 2        | 170-189 | 4        | 170-189 | 5        |
| 190-209                                      | 2        | 190-209 | 3        | 190-209 | 5        | 190-209 | 6        |
| 210-239                                      | 2        | 210-239 | 3        | 210-239 | 6        | 210-239 | 7        |
| 240-269                                      | 3        | 240-269 | 4        | 240-269 | 7        | 240-269 | 8        |
| 270-299                                      | 3        | 270-299 | 5        | 270-299 | 8        | 270-299 | 10       |
| 300-329                                      | 4        | 300-329 | 6        | 300-329 | 9        | 300-329 | 12       |
| 330-359                                      | 4        | 330-359 | 7        | 330-359 | 10       | 330-359 | 14       |
| >360   | 6        | >360    | 8        | >360    | 11       | >360    | 16       |

8. If hypoglycemia occurs twice using column 1, consider discontinuation of insulin drip or administering D<sub>5</sub> IV with the insulin drip.
9. If BG is still too high despite using column 4, consider ordering a more aggressive scale or consider an extra bolus of regular insulin.
10. If the patient is eating reliably and BG is stable, subcutaneous **lispro** insulin can be ordered with meals in addition to the insulin drip. Use the table below.

| Current Regular Insulin Infusion Column being used | Mealtime Lispro to be given using ratio below       |
|--|---|
| <b>1</b>   | 1 unit of lispro for <b>15</b> gms of carbohydrates |
| <b>2</b>   | 1 unit of lispro for <b>10</b> gms of carbohydrates |
| <b>3</b>   | 1 unit of lispro for <b>7</b> gms of carbohydrates  |
| <b>4</b>   | 1 unit of lispro for <b>5</b> gms of carbohydrates  |

11. **Indications for mandatory discussion with attending physician:** any BG<50 mg/dL, BG<70 mg/dL x2 on column 1, BG>180 mg/dL x 2 on column 4, addition of lispro insulin for meals.