

JPS DKA/HHS Nursing Titration Schedule

1. Do not start insulin until potassium is greater than 3.3 mEq/L as insulin may lower potassium.
2. Check Blood Glucose **every 1 hour** while on the IV insulin infusion, **at the time of discontinuation** of infusion, and **2 hours post** continuation
3. **Notify provider** if insulin infusion rate calculation is ever
 - a) **greater than (>) 20 units/hr**
 - b) **less than (<) 2.0 units/hr x 4 hours**
4. Use only the Blue Low Sorbing infusion set. Prime with 20 ml of the insulin solution.
5. Change insulin tubing no later than every 24 hours, with new solution bag.
6. Labs should be drawn STAT q 2 hours until potassium stable at 4.0-5.0 mEq/l x 4 hours, then lab draws q 4 hours
7. Call physician when Anion Gap < 12 x 4 hours (2 chemistries) – may consider transition to subcutaneous insulin.
8. When BS < 150 mg/dl increase D51/2NS to 150ml/hr and check BS in 1 hour. If BS is still < 150 mg/dl call MD
9. **AVOIDTRANSITIONING OFF INSULIN INFUSION OVER NIGHT**

BOLUS (if ordered by provider)

Regular insulin **0.1 units/kg** IV X1 dose (Max **10 units**)

PHASE 1 INSULIN INFUSION

INITIATION

Initiate regular insulin infusion at **0.1 units/kg/hour** (do not piggyback)

CONTINUATION

Titration for Blood Glucose greater than (>) 250 mg/dL (Do not titrate until 1 hour after infusion started)	
RATE OF CHANGE OF BG	Infusion
BG drops less than (<) 50 mg/dL/hr	Increase current infusion rate by 50%
BG drops 51 – 100 mg/dL/hr	No change to infusion rate
BG drops greater than (>) 100 mg/dL/hr	Decrease current infusion rate by 50%, begin neuro checks q 1 hour x2 and bg q 30 minutes x 2, call physician if abnormal

****When BG ≤ 250 mg/dL, go to Transition Phase.****

****Do NOT return to Phase 1****

Transition Phase for Blood Glucose less than or equal to (≤) 250 mg/dL
Goal Blood Glucose: 150 – 200 mg/dL
1) Decrease the current insulin infusion to 0.05 units/kg/hr OR Continue the current infusion rate IF LOWER than 0.05 units/kg/hr (Use the lower of the two)
2) Change IVF to D51/2NS @100 ml/hr
3) Notify Provider: <ol style="list-style-type: none">a) If BG greater than (>) 250 mg/dL X 2 hoursb) If calculated infusion rate less than (<) 2.0 units/hr x4 hours
4) With next blood glucose, move to Phase 2 insulin infusion

PHASE 2 INSULIN INFUSION

Titration for Blood Glucose less than or equal to (≤) 250 mg/dL	
Goal Blood Glucose: 150 – 200 mg/dL	
1) Notify Provider: <ol style="list-style-type: none">c) If BG greater than (>) 250 mg/dL X 2 hoursd) If calculated infusion rate less than (<) 2.0 units/hr x4 hours	
2) Titrate per chart below	
3) When BG < 150 mg/dL increase D51/2NS to 150 ml/hr	
4) If BG does not remain > 150 mg/dL call MD	
Blood Glucose Values	Infusion
>250 mg/dL	Increase insulin infusion rate by 2 units/hour
201 – 250 mg/dL	Increase insulin infusion rate by 1 unit/hour
150 – 200 mg/dL	No change to infusion rate
70 – 149 mg/dL	Decrease infusion rate by 50%, recheck blood glucose in 30 minutes
<70 mg/dL	Stop infusion. Follow SDO for Hypoglycemia Recognition and Management. When BG > 150mg/dL, resume infusion at 50% of the most recent rate.

Call pharmacy for questions concerning the DKA insulin infusion protocol. Call physician if insulin is stopped.

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