CCU-397-FRM REV 0 06.20.12

## Conway Medical Center Conway, South Carolina PHYSICIAN'S ORDERS

## Insulin Drip Protocol Critical Care Areas

Center Patient Admission Label Here

- 1. Initial infusion rate is ordered by M.D. Usual initial rate between 2-8 units/hr. Begin q 1 hour finger stick glucose monitoring at start of infusion
- 2. Numbers on the left side of the chart refer to the previous hours finger stick glucose reading. Those on the bottom refer to the current hours reading
- 3. Using the table match up the previous reading with the current reading and follow instructions in the box.
- 4. Infusion rate adjustments are listed on the bottom table (e.g. changes by ¾, ½, ¼) All drip rates are in whole numbers and Units/hour.
- 5. If blood glucose is greater than 400 recheck blood glucose before insulin adjustments are made.
- 6. If no change in drip rate for 3 consecutive hours, decrease finger sticks to q 2 hr. If subsequent BG reading leads to a change in drip rate resume q 1 hr

	<u> </u>	00-01	01-120	121-100	Current FSE		241-300	301-400	Greater than 400	
Previou s FSBS reading	60-81	Call MD No Change Increase rate by 1 unit/hr 60-81 81-120 121-160			Give 2 units regular insulin IV bolus, increase drip rate by 2 units/hr 161-200	Give 4 units regular insulin IV bolus, increase drip rate by 2 units/hr	Give 6 units regular insulin IV bolus, increase drip rate by 2 units/hr 241-300	Give 8 units regular insulin IV bolus, increase drip rate by 2 units/hr 301-400	Give 11 units regular insulin IV bolus, increase drip rate by 2 units/hr Greater than 400	
	81-120	Hold drip 30 min restart at ½ rate	unit/hr		Increase rate by 2 unit/hr	Give 3 units regular insulin IV bolus, increase drip rate by 2 units/hr	2 units/hr	Give 7 units regular insulin IV bolus, increase drip rate by 2 units/hr	Give 10 units regular insulin IV bolus, increase drip rate by 2 units/hr	
	121-160	Hold drip for 1 hr, restart at ½ rate	Decrease drip to <sup>3</sup> / <sub>4</sub> current rate	1st hour this box no change. All subsequent hours this box increase rate by 1 unit/hr	Increase rate by 1 unit/hr	Give 2 units regular insulin IV bolus, increase drip rate by 2 units/hr	Give 4 units regular insulin IV bolus, increase drip rate by 2 units/hr	Give 6 units regular insulin IV bolus, increase drip rate by 2 units/hr	Give 9 units regular insulin IV bolus, increase drip rate by 2 units/hr	
	161-200	Hold drip for 1 hour, restart at ½ rate	Hold drip 30 min restart at ½ rate	Decrease drip to 3⁄4 current rate	Increase rate by 1 unit/hr	Increase rate by 2 unit/hr	Give 3 units regular insulin IV bolus, increase drip rate by 2 units/hr	Give 5 units regular insulin IV bolus, increase drip rate by 2 units/hr	Give 8 units regular insulin IV bolus, increase drip rate by 2 units/hr	
Duraire	201-240	Hold drip for 1 hour, restart at ½ rate	Hold drip for 1 hour, restart at ½ rate	Hold drip for 1 hour, restart at ¾ rate	No Change	Increase rate by 1 unit/hr	Give 2 units regular insulin IV bolus, increase drip rate by 2 units/hr	Give 4 units regular insulin IV bolus, increase drip rate by 2 units/hr	Give 7 units regular insulin IV bolus, increase drip rate by 2 units/hr	
	241-300	Call MD	'all MD Hold drip for 1 hr, restart at 1/4 rate rate		Decrease rate to ½ current rate	No Change	Increase rate by 2 units/hr	Give 3 units regular insulin IV bolus, increase drip rate by 2 units/hr	Give 6 units regular insulin IV bolus, increase drip rate by 2 units/hr	
	301-400	Call MD	Hold drip for 1 1 hr, restart at <sup>1</sup> / <sub>4</sub> rate Hold drip for 1 hr, restart at <sup>1</sup> / <sub>4</sub> rate		Hold drip for 1 hr, restart at ½ rate	Decrease drip to ½ current rate	No Change	Give 2 units regular insulin IV bolus, increase drip rate by 2 units/hr	2 units/hr	
	Greater than 400	Hold drip & call MD	Hold drip & call MD	Hold drip & call MD	Hold drip for 1 hr, restart at ¼ rate	Hold drip for 1 hr, restart at ½ rate	Decrease drip to <sup>3</sup> / <sub>4</sub> current rate	No Change	Give 4 units regular insulin IV bolus, increase drip rate by 2 units/hr	

## **Insulin Drip Rate Adjustment Table**

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
	3/4 Rate	Shut off/call MD	1	2	3	4	4	5	6	7	8	8	9	10	11	11	12	13	13	14	15	16	17
New Drip Rate	1/2 Rate	Shut off/call MD	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11
	1/4 Rate	Shut off/call MD	Shut off/call MD	Shut off/call MD	1	1	2	2	2	2	2	3	3	3	4	4	4	4	4	5	5	5	5
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**Date** 

Physician Signature

Time