Insulin Administration & Hypoglycemia — Demo P

Adult inpatient guidance; for demonstration only.

Demo Policy • For training only • Version 0.1 • Generated Oct 06, 2025

Scope

Applies to adult inpatients. Pediatric and pregnancy populations follow service-specific protocols.

Insulin Types & Timing

Basal (e.g., glargine): give at same time daily. Prandial (e.g., lispro): give within 0–15 min of meals. Correctional (rapid-acting): per scale below; do not exceed q4h in NPO patients without provider order.

Pre-Administration Safety

Verify patient with two identifiers. Confirm dose, insulin type, concentration, and route. Use barcode scanning when available. Double-check high-alert doses per medication policy.

Correction Scale (example)

BG 70–149: 0 units; BG 150–199: 2 units; BG 200–249: 4 units; BG 250–299: 6 units; BG 300–349: 8 units; ≥350: 10 units and notify provider. Scales may be individualized; follow the active order.

Hypoglycemia Protocol

If BG <70 mg/dL: Give 15 g fast-acting carbs PO if alert; recheck in 15 min. Repeat until ≥70. Give snack/meal when stable. If NPO or altered: Give IV dextrose (e.g., 25 mL of D50W) or IM glucagon per order; recheck in 15 min. If BG <54 or symptomatic: treat urgently and notify

provider. Document all actions.

NPO / Peri-Procedure

Hold prandial insulin while NPO; continue basal unless provider adjusts. Use correction insulin q4–6h with BG monitoring.

Documentation

Record BG, dose, site, patient response, hypoglycemia events and treatment, and provider notifications.

Special Considerations

Renal impairment may require dose reduction. Review steroids, nutrition status, and recent trends when adjusting doses.