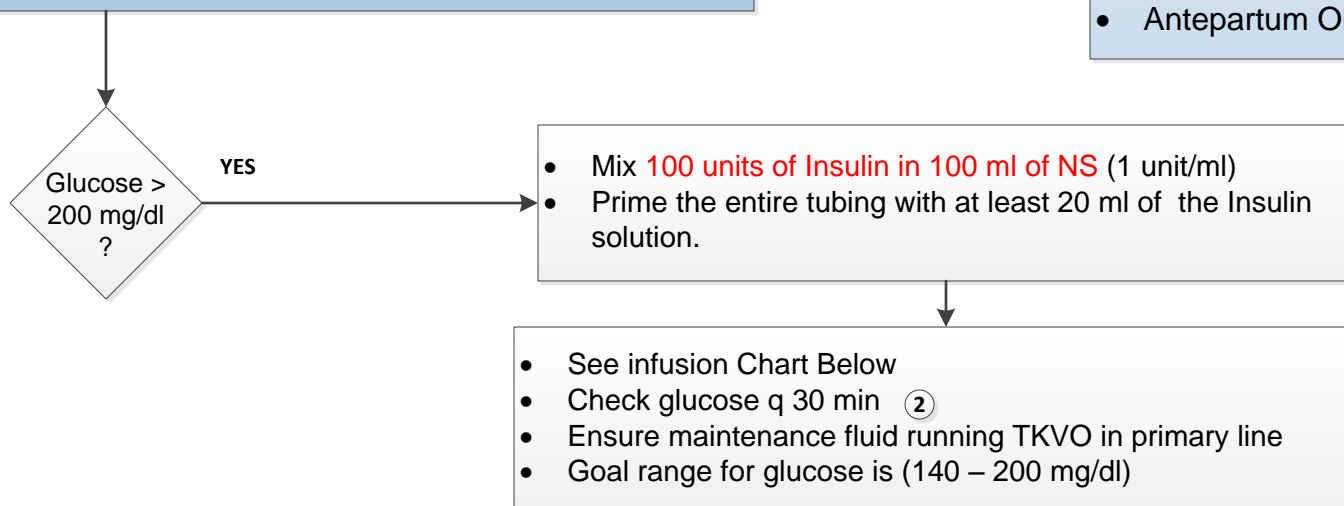


INSULIN PROTOCOL (Non- DKA)

Indications for:

- Currently on insulin infusion or has recently been on
- Patient is going to an ICU and has evidence of acidosis, hypoperfusion, labile vital signs and is hyperglycemic such as Sepsis
- Time with patient > 30 min

①



EXCLUSION CRITERIA FOR INSULIN PROTOCOL

- **Adult or Pediatric patient with Diabetic Ketoacidosis (DKA)**
- Hyperglycemic Hyperosmolar Nonketotic Coma (HHNK)
- Antepartum Obstetrics

BLOOD GLUCOSE mg/dl	INSULIN Units per Hour
200 – 240 mg/dl	2 units / hour
241 – 300 mg/dl	3 units / hour
301 – 360 mg/dl	4 units / hour
361 – 400 mg/dl	4 unit bolus (take 4 mls out of insulin infusion bag = 4 units and give as bolus) then run infusion at 5 units / hour
401 – 460 mg/dl	4 unit bolus (take 4 mls out of insulin infusion bag = 4 units and give as bolus) then run infusion at 5 units / hour.
461 – 500 mg/dl	4 units bolus (take 4 mls out of insulin infusion bag = 4 units and give as bolus) then run infusion at 6 units / hour.
Greater than 500 mg/dl	Contact receiving Physician for orders
If Glucose falls < 140 mg/dl	Turn off x 30 min and recheck

1. If going to the Cath Lab, all infusions will be turned off. More beneficial when going to ICU setting.

2. To keep in glucose goal range from 140 – 200 mg/dl, titration of insulin is required. If Glucose < 140 mg/dl, turn off insulin x 30 min and recheck.