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

YES

• Time with patient > 30 min

Glucose >

200 mg/dl

(1)

EXCLUSION CRITERIA FOR INSULIN PROTOCOL

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

Mix 100 units of Insulin in 100 ml of NS (1 unit/ml)

 Prime the entire tubing with at least 20 ml of the Insulin solution.

- See infusion Chart Below
- Check glucose q 30 min (2)
- Ensure maintenance fluid running TKVO in primary line
- Goal range for glucose is (140 200 mg/dl)

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 then 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.