

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

INSULIN INFUSION PROTOCOL – Endocrinology

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(Items with tick boxes must be selected to be ordered)

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Comments

Do NOT use this protocol for diabetic ketoacidosis.
Protocol use restricted to endocrinology.

Discontinue all other insulin orders.

Preparation: Insulin Regular 250 units in 250 mL NS (= 1 unit/mL).
Flush tubing with 50 mL of Insulin infusion solution before starting drip.

Baseline infusion rate: _____ units/H
(e.g. 0.02 units/kg/H (pre-op or maintenance) x weight (kg) _____ = _____ units/H)

Target Capillary Blood Glucose (CBG): 6 to 10 mmol/L.

CBG Monitoring and Infusion Rate Adjustments:

- Check CBG and adjust insulin infusion rate based on Table 1 below.
 - Q1H initially, or after any infusion rate change.
 - Change to Q2H if two consecutive readings on Q1H result in no infusion rate change
 - Change to Q4H if two consecutive readings on Q2H result in no infusion rate change
- If at any time CBG falls by greater than 4 mmol/L from previous value, then DECREASE drip rate per Table 1 (under CBG 3.5 to 5.9)
- Discontinue insulin infusion if rate is 0.5 units/H or less; call MD for further orders.
- Discontinue insulin infusion when enteral feeds or TPN is stopped. Check CBG in 1 hour.

Table 1. Insulin Regular Human 1 unit/mL Infusion Maintenance Rate Adjustment

CBG Value (mmol/L)	Current Infusion Rate (Note: 1 unit/H=1 mL/H)	Infusion Rate Adjustment
Less than 3.5 (or specify _____)	Any Rate	Discontinue insulin infusion. Follow hypoglycemia protocol (Table 2)
3.5 to 5.9 (or specify ____ to ____) OR CBG falls by greater than 4 mmol/L from previous value	Less than 2 units/H	DECREASE infusion by 0.5 units/H
	2 to 9 units/H	DECREASE infusion by 1 units/H
	10 to 20 units/H	DECREASE infusion by 2 units/H
	Greater than 20 units/H	DECREASE infusion by 4 units/H
6 to 10	Any Rate	Continue current infusion rate
Greater than 10 (or specify greater than _____)	Less than 2 units/H	INCREASE infusion by 0.5 units/H
	2 to 9 units/H	INCREASE infusion by 1 units/H
	10 to 20 units/H	INCREASE infusion by 2 units/H
	Greater than 20 units/H	INCREASE infusion by 4 units/H
	Greater than 30 units/H	Call Physician

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Table 2. Hypoglycemia Protocol - CBG less than 3.5 mmol/L

CBG Value (mmol/L)	NPO	Taking PO or on Enteral Feeds
Less than 3.5 (or specify less than _____)	Discontinue insulin infusion Give 25 mL (1/2 amp) D50W IV push Repeat CBG in 15 minutes	Discontinue insulin infusion Give 125 mL (4 oz, ½ cup) juice Repeat CBG in 15 minutes
Repeat CBG		
Still less than 3.5	Repeat 25 mL D50W IV push and call MD	Repeat 125 mL juice and call MD
3.5 to 5.5	Continue to hold insulin infusion and repeat CBG in 30 minutes	Continue to hold insulin infusion and repeat CBG in 30 minutes
Greater than 5.5	Resume insulin infusion at 50% of previous rate Resume Q1H CBG monitoring	Resume insulin infusion at 50% of previous rate Resume Q1H CBG monitoring

Physician Signature
IIPENDO

Printed Name/PIC
Jan-07