ORD

DATE ORDERED		PHYSICIANS ORDERS	INSULIN INFUSION ORDERS DR. CROCKER	SIGN, DATE AND TIME ALL ENTRIES
DATE	TIME			
		1. Insulin Drip 100u/100 Regular Human Insulin in 100cc 0.9% Normal Saline Solution.		
		2. Obtain initial glucose level to determine initial infusion rate:		
		a. if initial glucose level is less than 100, hold insulin drip.		
		b. if initial glucose level is between 120 and 220, start insulin drip at 2 units per hour.		
		c. If initial glucose level is greater than 220, start insulin drip at 4 units per hour.		
		d. Recheck glucose level in 1 hour, then follow the Insulin drip adjustment guidelines.		
		3. Insulin drip adjustment guidelines:		
		a. No adjustment required:		
		1. if recheck glucose level is between 80 and 109.		
		b. Adjustment rates: (increase or decrease)		
		1. Increase infusion (glucose level 110 or higher)		
		a. If glucose level is between 110 and 125, increase drip by 0.25 units per hour		
		b. if glucose level is between 126 and 140, increase drip by 0.5 units per hour		
		c. if glucose level is greater than 140, increase drip by 1 units per hour		
		2. Decrease infusion (glucose levels between 60 and 79)		
		a. If glucose level is between 70 and 79, decrease drip by 1 units per hour or decrease drip rate by half if rate is		
		greater than 4 units per hour		
		b. If glucose level is between 60 and 69, decrease drip by 2 units per hour or decrease drip rate by half if rate is		
		greater than 4 units per hour		
		c. Stop Infusion:		
		a.If glucose level is between 40 and 59, stop drip only		
		b. If glucose level is less than 40, stop drip and administer 50 ml D50W IV push		
		4. Recheck glucose level hourly until target level (80-109) achieved with no changes needed for 4 hours.		
		5. When no changes have been made for 4 checks at the 2 hour intervals, recheck every 4 hours.		
		6. If insulin infusion is stopped and the glucose is greater than 130, restart drip at half the prior flow rate.		
		7. Glucose-Containing IV Fluids and or TPN:		
		a. If initiated, re-titrate insulin infusion.		
		b. If stopped, re-titrate insulin infusion.		
		c. If insulin drip is stopped and the glucose level is greater than 130, start drip at half the prior rate.		

Physician Signature _____ Date/Time _____

BAPTIST MEMORIAL HOSPITAL GOLDEN TRIANGLE

INSULIN INFUSION ORDERS - DR. CROCKER

Form #18-114.48 (7/09)

▼ Addressograph / Patient Label ▼