



**Adult Correction Insulin Protocol**

*This protocol will be initiated if the physician orders sliding scale insulin per protocol without specifying dosing parameters.*

**Type of Insulin (choose one)\*:**  Novolog (Aspart)  Novolin R (Regular)

**Glucose monitoring\*\*:**  ACHS (pt taking PO)  Q 6 hours  Q 4 hours  Q 12 hours

Correction Insulin	<input type="checkbox"/> <b>Standard</b>		<input type="checkbox"/> <b>ESRD</b>	
	< 60	See hypoglycemia protocol	< 60	See hypoglycemia protocol
	61 - 150	No insulin	61 - 200	No Insulin
	151 - 200	3 units SQ	201 - 250	2 units SQ
	201 - 250	5 units SQ	251 - 300	4 units SQ
	251 - 300	8 units SQ	301 - 350	6 units SQ
	301 - 350	10 units SQ	351 - 400	8 units SQ
	351 - 400	12 units SQ	401 - 500	10 units SQ
	> 400	15 units SQ and call MD	> 500	Call MD

\*Insulin will be ordered as regular insulin if the physician does not specify type of insulin.

\*\*Blood glucose checks will be ordered ACHS if physician does not specify frequency of glucose monitoring.

*Initiate Hypoglycemic protocol for glucose < 60mg/dL*

Hypoglycemic Protocol	<b>If patient is responsive and taking PO . . . .</b>	<b>If patient is unable to take PO or failed PO glucose...</b>
	- Give ½ cup juice or regular soda	- If glucose: 40 - 60 mg/dL: Give ½ amp (25 ml) D50W IV <40 mg/dL: Give 1 amp (50 ml) D50W IV - If no IV access, give 1 ml glucagon SQ/IM
	Wait 15 minutes after juice or soda	Recheck glucose 5 min after D50 or 15 min after glucagon
	If symptoms resolved, protocol is complete - If > 1 hour until next meal, then give 1 of the following: 8 oz skim milk 6 crackers with 2 tablespoons of peanut butter	If patient now responsive, give 8 oz skim milk and 6 crackers with 2 tablespoons peanut butter; recheck glucose in 15 minutes.
	If symptoms still present, recheck glucose	Repeat oral treatment until glucose > 80 mg/dL
Repeat treatment x1. If glucose remains < 60mg/dL, implement failed PO glucose protocol and call MD.	If patient still unresponsive, draw stat blood glucose, give 1 to 2 amps D50W IV and notify MD immediately.	

Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_



**Adult Correction Insulin Protocol**

▼ Patient Label ▼