# Intravenous Insulin Infusion Orders

**Intravenous Insulin Infusion Orders**

**DATE:** _______________ **TIME:** _______________

- Height on admission.
- Weigh patient daily.

**Diet**

( ) NPO for 8 hours, then advance to clear liquids

( ) ______________________________________

**Initial Lab Orders (Run STAT)**

- CBC
- Chem 7
- Calcium
- Albumin
- Phosphorus
- Magnesium
- Serum Ketones
- Osmolality
- Urinalysis reflex Culture & Sensitivity
- ABGs
- EKG
- Blood Culture x 2 if temperature > 100°F.

( ) ______________________________________

( ) ______________________________________

**Subsequent Lab Orders (Run STAT)**

- Chem 7 every 4 hours x 2 (to be drawn 4 hours after initial labs.

12 hours after initial labs:

- CBC
- Chem 7
- Magnesium
- Calcium
- Phosphorus
- Albumin
- Capillary blood glucose (BG) hourly (or serum glucose STAT if value is above 600 mg/dL) until BG remains within 100-160 mg/dL for 3 consecutive hours, then BG every 2 hours until insulin drip is discontinued.

**Insulin Drip**

- Mix human regular insulin 100 units in 100 cc NSS (1 unit = 1 cc). Flush 20 cc through the line (waste it) before connecting to the patient.

- Begin insulin infusion at 0.1 units/kg/hour.

- Adjust insulin infusion rate according to the following formula: Infusion rate in units/hour = (measured BG-60) (X)

Where X =

0.02 for patients < 50 units insulin/day or weight < 50 kilograms

0.03 for patients on 5-100 units insulin/day or weight 50-100 kilograms

0.04 for patient on >100 units insulin/day or weight >100 kilograms

- Aim to decrease blood glucose by 50-75 dL/hour.

**IV Fluids**

- 0.9% NSS at 1 Liter per hour x 2 hours; OR

( ) ______________________________________

- After 2nd Liter of NSS has infused, if Potasium on initial Chem 7 <4 meq/L, contact MD for orders; OR

( ) ______________________________________

**Continued on next page. >>>>>>>>**
Physician’s Order Form
Intravenous Insulin Infusion Orders

SUMMARY/BLANKET ORDERS ARE UNACCEPTABLE.
MEDICATION ORDERS MUST BE COMPLETE.
PRN MEDICATION ORDERS MUST INCLUDE AN INDICATION.
WRITE LEGIBLY.
REWRITE ORDERS UPON TRANSFER AND/OR POST-OPERATIVELY.
DATE, TIME, AND SIGN VERBAL & TELEPHONE ORDERS WITHIN 48 HOURS.

DO NOT USE:
U  MS
IU  MSO₄
Q.D.  MgSO₄
Q.O.D.  Trailing zero
LACK OF LEADING ZERO

INTRAVENOUS INSULIN INFUSION ORDERS—PAGE 2

- For DKA and hyperosmolar state patients, when blood glucose is <250 mg/dL, change IV fluids to D5 ½ NS with 40 meq KCl/L at 150 cc/hr; OR

  ( ) ________________________________

- For perioperative and labor and delivery patients when blood glucose is <150 mg/dL, change IV fluid to D5 ½ NS with 40 mcq KCl/L at 150 cc/hr; OR

  ( ) ________________________________

- When blood glucose is < 80 mg/dL, decrease insulin infusion rate to 0.5 units/hr and contact MD. Consider increasing D5-Containing IV fluid rate or switch to D 10 if patient is not eating.

- DO NOT stop insulin infusion until at least 30 minutes after subcutaneous insulin has been ordered and given.

MD: ________________________________