LibertyHealth
Jersey City Medical Center

MAR FOR ADULT INSULIN INTRAVENOUS INFUSION (TRIAL FORM B)

(Except for patients in D.K.A.)

DO NOT WRITE IN THIS AREA

PATIENT LABEL MUST BE PLACED WITHIN THIS BOX

Insulin Drip:
100 Units Regular Insulin / 100 ml 0.9% Sodium Chloride
Target blood glucose (BG) range: 140-180 mg/dL for critically ill patients

Infusion:
Start insulin infusion when BG is greater than 180 mg/dl for 2 consecutive readings.
Monitor finger stick BG every 1 hour while infusion is in progress.

Finger Stick Blood Glucose Coverage

1) When initiating insulin drip, use this formula at any Glucose Reading: **(Current BG-60) x 0.02 = Units / hour**
2) Monitor BG every 1 hour while infusion is in progress and recalculate infusion rate using the table below:
**(The drip rate must be recalculated with every new BG measurement, <u>even if the multiplier does not change.</u>
Round drip rate in Unit/hr to the nearest decimal) "previous multiplier" = multiplier used within the last hour**

Finger Stick (mg/dL)	Insulin Infusion Adjustment Equation
Less than 100	Call M.D. - Initiate Hypoglycemia Guideline if ordered, and refer to reverse side of MAR Hold infusion and monitor BG every 1 hour for 2 hours. For BG greater than 140 for 2 hours restart infusion, less than 120 for 2 hours discontinue infusion.
Less than 120	Hold infusion and monitor BG every 1 hour for 2 hours. For BG greater than 140 for 2 hours restart infusion, less than 120 for 2 hours discontinue infusion.
Less than 140	(Current BG – 60) x (CURRENT multiplier – 0.01)
140 – 180	(Current BG – 60) x (CURRENT multiplier) (ie. the same multiplier used in the last hour)
Greater than 180	(current BG – 60) x (CURRENT multiplier + 0.01)
Greater than 300	Call MD (current BG – 60) x (CURRENT multiplier + 0.01)

Initiate subcutaneous / oral coverage when drip is discontinued (obtain physician order)
Patients who require transitioning from insulin drip to subcutaneous insulin therapy, see recommendation below:

- Discontinue insulin infusion 2 hours after the first dose of subcutaneous insulin glargine. (Lantus)
- Discontinue insulin infusion 30 min after the first dose of subcutaneous short or rapid-acting insulin or mix 70/30 insulin.

AACE/ADA Recommended Blood Glucose Goals:
Critically ill: 140-180 mg/dl; Non-critically ill: < 140 mg/dl preprandial; < 180 mg/dl random glucose

DATE	TIME	BEDSIDE BG	MULTIPLIER		INSULIN COVERAGE	RN INITIAL	COMMENT / 1ST DOSE REACTION
			PREVIOUS	NEW	UNITS / HR		

For bedside < glucose 40 mg/dl or > 400 mg/dl, lab glucose to be drawn within 30 minutes of bedside result

SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS

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DATE	TIME	BEDSIDE BG	MULTIPLIER		INSULIN COVERAGE	RN INITIAL	COMMENT / 1ST DOSE REACTION
			PREVIOUS	NEW	UNITS / HR		

For bedside glucose < 40 mg/dl or > 400 mg/dl, lab glucose to be drawn within 30 minutes of bedside result

RECOMMENDATION HYPOGLYCEMIA GUIDELINE

Blood Glucose, Patient Status	Treatment	Re-Check Blood Glucose
Glucose 60-69 mg/dl, but patient is NOT symptomatic	No treatment	• In 30 minutes if time until next meal is more than 30 minutes
Glucose 60-69 mg/dl, patient symptomatic but alert	15g of carbohydrates: 4 oz. juice (any type)	• In 15 minutes after treatment dose is given • If no response: can repeat treatment dose, and continue to re-check every 15 minutes
Glucose 45-59 mg/dl, patient is alert	20g of carbohydrates: 6 oz. juice (any type) *If NPO, give 1/2 amp (12.5g) D50 IV*	
Glucose < 45 mg/dl, patient is alert	30g of carbohydrates: 8 oz. juice (any type) *If NPO, give 1/2 amp (12.5g) D50 IV*	
Glucose < 70 mg/dl, patient is NOT alert	1 amp (25g) D50 IV *If no IV access, consider glucagon* Call covering physician	

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