

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**

- When initiating insulin drip, use this formula at any Glucose Reading: **(Current BG-60) x 0.02 = Units / hour**
- 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, even if the multiplier does not change. Round drip rate in Unit/hr to the first decimal.)**

| Finger Stick (mg/dL) | Insulin infusion adjustment equation  |
|----------------------|---|
| Less than 100        | Call MD<br>Hold infusion and monitor BG every 1 hour for 2 hours.<br>For BG greater than 140 for 2 hours restart infusion, less than 120 for 2 hours, call MD to discontinue infusion.<br><br><input type="checkbox"/> Initiate Hypoglycemia Guideline - refer to reverse side of MAR |
| Less than 120        | Hold infusion and monitor BG every 1 hour for 2 hours.<br>For BG greater than 140 for 2 hours restart infusion, less than 120 for 2 hours, call MD to discontinue infusion.   |
| Less than 140        | $(\text{current BG} - 60) \times (\text{CURRENT multiplier} - 0.01)$  |
| 140 – 180            | $(\text{current BG} - 60) \times (\text{CURRENT multiplier})$<br><br>(ie. the same multiplier used in the last hour)  |
| Greater than 180     | $(\text{current BG} - 60) \times (\text{CURRENT multiplier} + 0.01)$  |
| Greater than 300     | Call MD<br>$(\text{current BG} - 60) \times (\text{CURRENT multiplier} + 0.01)$   |

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.

MD / PA: (Print/Sign) \_\_\_\_\_ Date / Time: \_\_\_\_\_

RN: (Print/Sign) \_\_\_\_\_ Date / Time: \_\_\_\_\_

Telephone order    Verbal order    Read back verbally

RECEIVED BY: \_\_\_\_\_ RN DATE/TIME: \_\_\_\_\_



**ADULT INSULIN INTRAVENOUS  
INFUSION COVERAGE ORDERS**

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**RECOMMENDATION HYPOGLYCEMIA GUIDELINE**

| Blood Glucose, Patient Status                       | Treatment   | Re-Check Blood Glucose   |
|---|---|--|
| Glucose 60-69 mg/dl, but patient is NOT symptomatic | No treatment  | <ul style="list-style-type: none"> <li>In 30 minutes if time until next meal is more than 30 minutes</li> </ul>                        |
| Glucose 60-69 mg/dl, patient symptomatic but alert  | 15g of carbohydrates:<br>4 oz. juice (any type)   | <ul style="list-style-type: none"> <li>In 15 minutes after treatment dose is given</li> </ul>  |
| Glucose 45-59 mg/dl, patient is alert               | 20g of carbohydrates:<br>6 oz. juice (any type)<br><i>If NPO, give 1/2 amp (12.5g) D50 IV</i> | <ul style="list-style-type: none"> <li>If no response: can repeat treatment dose, and continue to re-check every 15 minutes</li> </ul> |
| Glucose < 45 mg/dl, patient is alert                | 30g of carbohydrates:<br>8 oz. juice (any type)<br><i>If NPO, give 1/2 amp (12.5g) D50 IV</i> |  |
| Glucose < 70 mg/dl, patient is NOT alert            | 1 amp (25g) D50 IV<br><i>If no IV access, consider glucagon</i><br>Call covering physician    |  |

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