IMU Insulin Drip Order Set for Target Blood Glucose 110-180 mg/dL [1290]

Not for DKA, Hyperosmolar Syndrome, or Pregnancy.

Target Blood Glucose = 110-180 mg/dL

To transition from the ICU Insulin Infusion Order Set to this order set (GENERALLY):
Algorithm 2 = Low Dose Algorithm
Algorithm 3 = Medium Dose Algorithm
Algorithm 4 or higher = High Dose Algorithm
.
Providers: If patient has active insulin / non-insulin ANTIHYPERGLYCEMIC orders, please consider discontinuing.

General

Finger Stick Blood Glucose (FSBG) Monitoring

[X] Bedside glucose monitoring	Routine, Every hour -Monitor blood glucose every 1 hour for the first 4 hours OR when the blood glucose is greater than 180 mg/dL. -Monitor blood glucose every 2 hours if blood glucose is BETWEEN 100-180 mg/dL after the first 4 hours. -If blood glucose is less than 100 mg/dL, monitor every 30 min per Insulin Titration Instructions, or every 1 hour until otherwise specified. -Algorithm Advancement: If blood glucose GREATER THAN 180 mg/dL for 3 consecutive blood glucose readings after the initial blood glucose reading. ADVANCE TO THE NEXT HIGHER algorithm. Repeat step for every 3 consecutive readings above goal blood glucose range

Notify (Selection Required)

[X] Notify Provider	Routine, Until discontinued, Starting S, If Blood Glucose below 70 mg/dL

Infusion Management - IMU Insulin Drip Algorithm 110-180 mg/dL

Initial Bolus Dose (Single Response)

( ) No Bolus	Routine, Once For 1 Occurrences
( ) For initial blood glucose of 200 - 300 mg/dL - insulin bolus from bag	5 Units, intravenous, once If initial blood glucose is 200 - 300 mg/dL, give 5 units IV BOLUS x 1 from insulin bag and start at MD specified algorithm
( ) For initial blood glucose of GREATER THAN 300 mg/dL - insulin bolus from bag	10 Units, intravenous, once If initial blood glucose is GREATER THAN 300 mg/dL, give 10 units IV Bolus x 1 from insulin bag and start at MD specified algorithm.

Choose One Algorithm Below for Initiation of Therapy: (Selection Required)

Glucose (mg/dL)	GLUCOSE GOAL 110-180 mg/dL
50 or less	1. Turn infusion off. Give D50% 50mL IV PUSH. Notify physician. 2. Recheck blood glucose every 20 minutes until glucose is greater than 70 mg/dL. 3. When blood glucose is **GREATER THAN 140 mg/dL**, **DECREASE TO THE NEXT LOWER** algorithm and restart infusion at the appropriate rate.
51-69	1. Turn infusion off. Give D50% 25mL IV PUSH or ½ cup of juice. Notify physician. 2. Recheck blood glucose every 20 minutes until glucose is greater than 70 mg/dL. 3. When blood glucose is **GREATER THAN 140 mg/dL**, **DECREASE TO THE NEXT LOWER** algorithm and restart infusion at the appropriate rate.
70-99	1. Turn infusion off. 2. Recheck blood glucose every 20 minutes until glucose is greater than 70 mg/dL then every one hour. 3. When blood glucose is **GREATER THAN140 mg/dL, DECREASE TO THE NEXT LOWER** algorithm and restart infusion at the appropriate rate.

Glucose (mg / dL)	Low Dose Algorithm (units/hour)	Medium Dose Algorithm (units/hour)	High Dose Algorithm (units/hour)	Custom Algorithm (units/hour)
100-119	0.2	0.5	1	
120-139	0.5	1	2	
140-159	1	2	3	
160-179	1.5	3	4	
180-199	2	4	5.5	
200-219	2.5	5	7	
220-239	3	5.8	8.5	
240-259	4	6.7	11	
260-279	4.5	7.5	13	
280-299	5	9	15.5	
300-319	5.7	10	17.5	
320-339	6.5	11.2	20	
340-359	7	12.5	22.5	
360 or more	8	13.3	25.5	

[X] INITIAL INFUSION RATE - choose one algorithm (Single Response)

( ) Low dose algorithm: Start here for insulin SENSITIVE patients (e.g. BMI less or equal to 30, new to insulin therapy, Type 1 Diabetes Mellitus or End Stage Renal Disease)	0.2-25.5 Units/hr, intravenous, continuous Select Appropriate Algorithm: Low dose algorithm
( ) Medium dose algorithm: Start here for insulin resistant patients (e.g. BMI greater or equal to 30, Type 2 Diabetes Mellitus, on steroids or previous insulin therapy.	0.2-25.5 Units/hr, intravenous, continuous Select Appropriate Algorithm: Medium dose algorithm
( ) High dose algorithm: START HERE WITH ENDOCRINE CONSULTATION ONLY	0.2-25.5 Units/hr, intravenous, continuous Select Appropriate Algorithm: High dose algorithm
( ) Other: START HERE WITH ENDOCRINE CONSULTATION ONLY	0.2-25.5 Units/hr, intravenous, continuous Select Appropriate Algorithm: Custom algorithm Blood Glucose 100-119 mg/dL (units/hr of insulin): Blood Glucose 120-139 mg/dL (units/hr of insulin): Blood Glucose 140-159 mg/dL (units/hr of insulin): Blood Glucose 160-179 mg/dL (units/hr of insulin): Blood Glucose 180-199 mg/dL (units/hr of insulin): Blood Glucose 200-219 mg/dL (units/hr of insulin): Blood Glucose 220-239 mg/dL (units/hr of insulin): Blood Glucose 240-259 mg/dL (units/hr of insulin): Blood Glucose 260-279 mg/dL (units/hr of insulin): Blood Glucose 280-299 mg/dL (units/hr of insulin): Blood Glucose 300-319 mg/dL (units/hr of insulin): Blood Glucose 320-339 mg/dL (units/hr of insulin): Blood Glucose 340-359 mg/dL (units/hr of insulin): Blood Glucose 360 OR GREATER mg/dL (units/hr of insulin):

Endocrine Consultation

Must be selected if initiating High Dose or User Selected Algorithms:

[ ] Consult Diabetes/Endocrinology	Reason for Consult? Initiating Insulin Drip High Dose or User Selected Algorithms Please call Inpatient Diabetes/Hyperglycemia Management Service.

Hypoglycemia Management (Selection Required)

[X] dextrose 50% injection	intravenous

Management of Patients with Nutritional Orders

[ ] insulin lispro (AdmeLOG) injection	3 Units, subcutaneous, 3 times daily before meals Give with each meal in addition to the infusion rate. HOLD this dose if patient is NPO or eating LESS THAN 50% of meal. Wait two hours before rechecking blood glucose and then adjust the infusion rate per algorithm.
[X] dextrose 10 % infusion	40 mL/hr, intravenous, continuous PRN, other, for interruption in TPN or tube feeds Start D10W at the previous TPN or tube feed rate up to a maximum rate of 40 mL/hr and DECREASE to the next LOWER algorithm on the table.