

### Pharmacy instructions:

1. Discontinue all prior insulin and oral hypoglycemic orders, to include TPN with insulin additive.
2. Insulin concentration for infusion is 250 units human regular insulin/250 ml 0.9% sodium chloride (1unit/ml).
3. Flush IV line with 25ml of insulin solution before connecting infusion to patient.
4. Change insulin infusion bag every 24 hours (change before 24 hours if infusion bag expired).

With permission from  
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### Bedside Blood Glucose Monitoring Sequence:

1. Initiate after single blood glucose value > 120 mg/dl.
2. Measure blood glucose hourly to monitor for hypoglycemia.
3. Advance blood glucose testing to 2 hours when 3 consecutive blood glucoses are equal or between 90-120 mg/dL and insulin dose remains unchanged.
4. When blood glucose falls outside 90-120 range return to hourly blood glucose checks until above conditions are met.

### Insulin Guidelines:

1. Use the following formula for initial insulin dose:  
Blood glucose  $\div$  100 = insulin units.  
Round down to nearest 0.5 units.  
Give calculated units as both IV bolus (draw from IV line at pre-pump port) and infusion start dose.  
\*\*\* Remember when drawing insulin bolus from IV line the concentration is **1 unit per 1 ml** so a 3 unit bolus drawn from the IV line is 3 ml.
2. Insulin infusion adjustments:
  - a. Adjust infusion by the Two-step Intensive Insulin Nomogram.
  - b. Adjustments made after every blood glucose measurement (1 or 2 hours).
3. Infusion interruption:
  - a. Any hypoglycemic blood glucose (<65 mg/dl) then follow Hypoglycemia Order Set.
  - b. Off nursing unit without being accompanied by critical care nurse. Upon return, check blood glucose hourly until exceeds 120 mg/dL. Go to step 1 above for infusion re-initiation.
  - c. If tube feedings stopped; turn insulin infusion off for one hour and then reassess blood glucose hourly until exceeds 120 mg/dl. Go to step 1 above for infusion re-initiation.

### Hypoglycemia Treatment Guidelines (glucose < 65g/dL)

1. Stop Insulin infusion
2. Give glucose.
  - If patient is conscious and able to eat or drink, give 15 Gm of carbohydrate (CHO) in the form of 3 to 4 glucose tablets **or** 4 oz juice or regular soda **or** 1 cup skim milk  
Notify MD. Recheck blood glucose in 15 minutes, and repeat treatment every 15 minutes if needed until blood glucose is above 100 mg/dL. Then resume q 1 hour blood glucose checks
  - If patient is unconscious or unable to eat or drink, give 12.5 Gm Dextrose (25ml (1/2 amp) of Dextrose 50%) slow IV push **or** 1mg Glucagon IM STAT if no IV access. Notify MD. Recheck blood glucose in 15 minutes, and repeat treatment every 15 minutes until blood glucose is above 100 mg/dL. Then resume q 1 hour checks
3. When blood glucose > 140 mg/dL, restart infusion at 50% of prior rate.
4. The MD should evaluate the cause of hypoglycemic episode.