

MEMORIAL HERMANN HOSPITAL - TMC AND UT HEALTH

TRAUMA INSTITUTE

TRAUMA GUIDELINES

TITLE: Insulin Protocol for STICU

SUPERCEDES: 03/06, 05/06, 01/08

LAST REVIEW DATE: 01/10

Procedure:

Definitions:

Hypoglycemia < 60 mg/dL

Euglycemia 60 – 180 mg/dL

Hyperglycemia > 180 mg/dL

Therapeutic Range 100 – 150 mg/dL

Sliding Scale Monitoring

1. Check FSBS Q4H.
2. If FSBS \leq 100 mg/dL and NO insulin has been administered x 48 hours, change FSBS to Q8H.
3. If the patient requires insulin administration for 2 consecutive checks during the Q8H FSBS, change FSBS Q4H.
4. After giving D50W, check FSBS every 30 minutes until FSBS > 100 x 2 consecutive checks.

Sliding Scale

FSBS 0 - 60 mg/dL = Give D50W per protocol below, call MD and send specimen to lab to verify.

61 - 125 mg/dL = 0 units Regular Insulin SQ

126 - 140 mg/dL = 4 units Regular Insulin SQ

141 - 160 mg/dL = 6 units Regular Insulin SQ**

> 160 mg/dL = 8 units Regular Insulin SQ, call MD & start insulin drip at 4 units/hr

If receive a critical high value (> 250 mg/dL) send specimen to lab to verify.

Insulin Drip

1. Begin at 4 units/hr and titrate to maintain BS 100-150 mg/dL. Check FSBS Q1H.
2. Record rate insulin infusion on flow sheet in units/hr.
3. Discontinue drip if FSBS < 100 mg/dL.
4. Once drip rate is stable x 4 hrs, begin Q2H FSBS.
5. Discontinue drip if nutrition is stopped.

D50W Administration

1. After giving D50W, check FSBS every 30 minutes until FSBS > 100 x 2 consecutive checks.
2. To prevent overshooting, use following table to guide D50W dosing:

FSBS 40-60 = 25 ml D50W

FSBS < 40 = 50 ml D50W