

Height:	Weight in Kilograms:	Diagnosis:	Allergies:
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Adult ICU Continuous Insulin Infusion Orders

1. Discontinue all previous insulin and oral diabetic medication orders.
2. Perform fingerstick (or blood glucose) immediately prior to initiation of IV regular insulin continuous infusion.
3. Target blood glucose range is 120 – 180 mg/dL.
4. Start continuous insulin infusion when blood glucose is greater than 180 mg/dL.

Blood Glucose Results (mg/dL)	<input type="checkbox"/> Standard Coverage	<input type="checkbox"/> Individualized Coverage
181 – 200	2 units/hour	_____ units/hour
201 – 220	4 units/hour	_____ units/hour
221 – 250	5 units/hour	_____ units/hour
251 – 300	6 units/hour	_____ units/hour
Greater than 300	8 units/hour	_____ units/hour

5. Perform fingerstick (or blood glucose) every 1 hour for 4 hours continuously. If there is no change to insulin infusion for 2 consecutive hours (at least 6 hours after the initiation of insulin infusion), perform fingerstick every 2 hours.
6. Titrate to desired blood glucose goal:

Blood Glucose Level	Action
Less than 70 mg/dL	Discontinue insulin infusion. Administer 50 mL of dextrose 50% in water for injection (1 ampule of D ₅₀ W) and recheck blood glucose in 10 minutes. Contact physician for a new insulin infusion order.
70 – 119 mg/dL	Hold continuous insulin infusion. Recheck blood glucose every hour, and restart continuous insulin infusion when blood glucose is 180 mg/dL or greater, at one-half (1/2) the previous infusion rate.
120 – 180 mg/dL	Continue insulin infusion at the same rate
181 – 200 mg/dL	Increase continuous insulin infusion rate by 0.5 unit per hour.
Greater than 200 mg/dL	Increase continuous insulin infusion rate by 1 unit per hour.

7. Monitor serum potassium every 6 hours for 48 hours after initiation of insulin infusion.
8. Contact physician if the drop in blood glucose is greater than 100 mg/dL between any two measurements.

Date:	Time:	Physician's Signature:
Physician's ID Number:		Physician's Name (Print):
Date:	Time:	RN's Signature:
RN's Name (Print):		Scanned by:

IMPRINT I.D. CARD (NAME MRUN CLINIC/WARD)



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FILE IN MEDICAL RECORD

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**ADULT ICU CONTINUOUS INSULIN INFUSION
PHYSICIAN'S ORDER SET**

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