Allergies: _____

GOAL BLOOD GLUCOSE (BG) = 80 - 150 mg/ dL - OR - _____

- Standard drip: Insulin 100 units/ 100 mL in 0.9% NS via infusion pump

PATIENT MONITORING:

- Check BG every hour until it is within the goal range for 4 hours, and then decrease to every 2 hours

NOTIFY PHYSICIAN:

- If BG is 60 mg/ dL or less on two different occasions in 24 hours
- If BG out of target goal for 4 hours or more – Notify physician and request order to move to next higher algorithm
- If BG decreases too slowly: BG greater than 350 mg/ dL X 2 AND changing by less than 50 mg/ dL per hour
- If BG decreases too rapidly: BG fall greater than 100 mg/ dL/ hour X 2 hours AND most recent BG less than 250 mg/ dL – repeat BG in 30 minutes
- If insulin infusion rate less than 3 units/ hour for 12 hours, recommend to physician to discontinue insulin infusion and start basal insulin with sliding scale insulin

INSULIN INFUSION:
(Check box/ fill in to activate) If no box checked, algorithm 1 will be initiated:

☐ Algorithm 1

BG	Units/ hr
Less than 60 = Hypoglycemia	
Less than 80	OFF
80 – 109	1
110 – 119	2
120 – 129	3
130 – 139	4
140 – 149	5
150 – 179	6
180 – 209	9
210 – 239	12
240 – 269	16
270 – 299	20
300 – 329	25
330 – 359	30
Greater than 360	35

☐ Algorithm 2

BG	Units/ hr
Less than 60 = Hypoglycemia	
Less than 80	OFF
80 – 109	1
110 – 119	2
120 – 129	3
130 – 139	5
140 – 149	7
150 – 179	10
180 – 209	15
210 – 239	20
240 – 269	25
270 – 299	30
300 – 329	35
330 – 359	40
Greater than 360	45

☐ Custom Algorithm 3

BG	Units/ hr
Less than 60 = Hypoglycemia	
Less than 80	
80 – 109	
110 – 119	
120 – 129	
130 – 139	
140 – 149	
150 – 179	
180 – 209	
210 – 239	
240 – 269	
270 – 299	
300 – 329	
330 – 359	
Greater than 360	

Hypoglycemia Management (BG less than 60 mg/ dL):

- Turn off insulin infusion
- Dextrose 50% 25 mL IV over 2 minutes
- Check BG every 15 minutes
- If BG less than 60 mg/ dL, repeat Dextrose 50% 25 mL IV over 2 minutes and notify physician
- Restart insulin infusion when BG is greater than 100 mg/ dL X 2 checks
- Restart at next lower algorithm
- Notify physician to recommend discontinuing order if patient was previously on algorithm 1

_____ _____ _____

Physician Signature Date Time