DATE	HOUR	DISPENSING BY NON-PROPRIETARY NAME IS AUTHORIZED IF NOT CHECKED IN THIS COLUMN →		NURSES NOTATION

COMBINED INSULIN-GLUCOSE INFUSION PROTOCOL *

Hellman - Rosen

1. The nurse may adjust infusion to maintain blood glucose between 90-130 mg%. The nurse should titrate the insulin to a glucose goal of 110 mg%.

2. DO NOT GIVE SUB-Q INSULIN DURING INFUSION

3. DO NOT INTERRUPT INFUSION

4. Begin infusion at _____ hours.

5. Bedside glucose monitoring hourly. (If stable may monitor q 2 hours).

6. Prime insulin tubing by running 30 ml of solution through tubing prior to piggybacking into Dextrose infusion.

7. When infusion is discontinued, leave saline lock in place.

Check only one option

Combined Insulin Glucose Infusion - Concentration Table

	Option One ☐	**Option Two** ☐	**Option Three** ☐
Glucose solution: Do not adjust this rate	10% D/W with 20 meq KCl @ **50** ml/hr	10% D/W with 20 meq KCl @ **25** ml/hr	10% D/W with 20 meq KCl @ **10** ml/hr
Insulin concentration: Start insulin at _____ml/hr	Standard: **50** units Regular Human insulin in 500 ml .45 Normal Saline	Double: **100** units Regular Human insulin in 500 ml .45 Normal Saline	Quadruple: **200** units Regular Human insulin in 500 ml .45 Normal Saline
If glucose > 130: (May repeat this step x3. If continues to be elevated, call physician)	Increase insulin by **10** ml per hour and give 2 units Regular Human Insulin IV push.	Increase insulin by **5** ml per hour and give 2 units Regular Human Insulin IV push.	Increase insulin by **3** ml per hour and give 2 units Regular Human Insulin IV push.
If glucose < 90: (May repeat this step x2. If still less than 90, call physician)	Decrease insulin to **3** ml per hour and give 100 ml bolus of D10W over 5 minutes. Re-check glucose in 20 minutes	Decrease insulin to **2** ml per hour and give 100 ml bolus of D10W over 5 minutes. Re-check glucose in 20 minutes	Decrease insulin to **1** ml per hour and give 100 ml bolus of D10W over 5 minutes. Re-check glucose in 20 minutes
If glucose <90, and then returns to >90:	Increase insulin to **8** ml per hour, and adjust per protocol.	Increase insulin to **5** ml per hour, and adjust per protocol.	Increase insulin to **3** ml per hour, and adjust per protocol.
If oral intake is permitted, at the start of the meal: (Do not change rate at 1 hour unless glucose is <90. At 2 hours, if glucose is >130, continue rate for 1 additional hour).	Increase the insulin infusion by **25** ml per hour and maintain for 120 minutes. At the end of the 120 minutes, return to pre-meal rate.	Increase the insulin infusion by **15** ml per hour and maintain for 120 minutes. At the end of the 120 minutes, return to pre-meal rate.	Increase the insulin infusion by **10** ml per hour and maintain for 120 minutes. At the end of the 120 minutes, return to pre-meal rate.

DATE: _____ **SIGNATURE:** _____

Richard Hellman, M.D. - Howard Rosen, M.D.

DISCHARGE ORDER TO INCLUDE FINAL DIAGNOSIS

*** NOTES:** Some uses include surgery, critical care, uncertain oral intake or NPO, severe hyperglycemia, labor & delivery.