

<b>UMC Health System</b>  INSULIN DRIP PLAN NON DKA	Patient Label Here
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**PHYSICIAN ORDERS**

**Diagnosis** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Allergies** \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

**ORDER ORDER DETAILS**

**Patient Care**

**Insulin Drip Protocol**  
 \*\*\*See Reference Text\*\*\*

**LOW Target Blood Glucose**  
 120 mg/dL  140 mg/dL

**HIGH Target Blood Glucose**  
 140 mg/dL  160 mg/dL  
 180 mg/dL

**POC Blood Sugar Check**  
 q1h, by fingerstick, CVL, or arterial line. DO NOT alternate sites without Physician approval.

**Communication**

**Notify Provider (Misc) (Notify Provider of Results)**  
 Reason: Blood Glucose less than 60 mg/dL or greater than 200 mg/dL, also notify if two consecutive BG's less than 70 mg/dL.

**Notify Provider (Misc)**  
 Reason: If other physicians order insulin subQ, IV, or in TPN, feedings are started, stopped, or changed, or if other physicians turn off drip for any reason.

**Notify Provider (Misc)**  
 T;N, Reason: If multiplier remains stable for 8 consecutive hours, consider transition to long acting insulin

**Notify Nurse (DO NOT USE FOR MEDS)**  
 Obtain Serum Blood Glucose if Accucheck is less than 40 mg/dL or greater than 450 mg/dL. However, do not wait for lab results to treat glucose level according to the orders for hypoglycemia

**Medications**

**Medication sentences are per dose. You will need to calculate a total daily dose if needed.**

**insulin R 100 units/100 mL NS**  
 IV  
Insulin Drip Formula:  $(BG - 60) \times 0.03 = \text{number of UNITS insulin/hour}$   
  
BG = Current Blood Glucose  
0.03 = "multiplier"  
 Start at rate: \_\_\_\_\_ units/hr

**glucose (D50)**  
 25 g, IVPush, syringe, as needed, PRN low blood sugar  
If blood glucose is less than 60 mg/dL, administer 25 g D50W. Recheck level in 15 minutes. Repeat dose if still less than 60 mg/dL and contact provider.  
Continued on next page....

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



