PICU INSULIN INFUSION AND TITRATION ORDERS
(For Non-Diabetic Patients Only)

# 328 Revised ^*~ 10/11

Instructions: All orders are to be implemented unless crossed through by the ordering provider.

Exception: Orders with ☐ must be checked to be implemented.

Any changes to the order set must be initialed by the ordering provider, e.g. deletions or additions

1. Goal for blood glucose by bedside glucose or lab test is 101-140 mg.

2. Blood glucose determination 30 min after initiation of continuous insulin infusion, then every 1 hour and PRN until within desired range for 4 consecutive hours, then every 2 hours and PRN. (In case of blood sugars falling outside the desired range or steep falls or rises in blood glucose, return to every 1 hour testing.)

3. IV Insulin infusion guidelines:
   ☒ Initial bolus of regular insulin = 0.05 units/kg IV
   ☒ Insulin continuous infusion at 0.05 units/kg/hour IV

<table>
<thead>
<tr>
<th>BLOOD GLUCOSE (MG %/DL)</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 60</td>
<td>STOP THE INSULIN, assure adequate baseline glucose intake, administer dextrose at a dose of 0.5 GMS/kg (2 mL/kg) (max of 10 GMS) using 25% dextrose (25 GMS/100 mL) as a bolus, then check blood glucose level in the next 15-30 minutes.</td>
</tr>
<tr>
<td>61-80</td>
<td>STOP THE INSULIN, assure adequate baseline glucose intake and check the blood glucose level in the next 15-30 minutes. If repeat blood glucose is greater than 140 mg%/dl, resume insulin infusion at 75% of the previous units/kg/hour infusion dose.</td>
</tr>
<tr>
<td>81-100</td>
<td>Reduce the dose of insulin by 25% of the units/kg/hour infusion and recheck the blood glucose level in 30 minutes.</td>
</tr>
<tr>
<td>101-140</td>
<td>Leave the insulin infusion unaltered</td>
</tr>
<tr>
<td>141-250</td>
<td>Increase the insulin infusion rate by 25% of the units/kg/hour infusion and recheck the blood glucose level in 30 min.</td>
</tr>
<tr>
<td>Greater than 250</td>
<td>Give 0.1 units/kg of regular insulin as a bolus, increase insulin infusion by 25% of the units/kg/hour infusion and recheck the blood glucose level in 1 hour.</td>
</tr>
</tbody>
</table>

4. Dose adjustments after initial stabilization:
   ☒ If blood glucose level falls steeply (more than 50% change) after a dose adjustment, reduce the insulin dose by 25% of the units/kg/hour infusion and check blood glucose level in 30 minutes.
   ☒ When glucose levels are within the targeted range for at least 4 consecutive hours on 0.02 units/kg/hr insulin infusion or less, discontinue the insulin infusion. Check a blood glucose level 2 hours after stopping insulin infusion. Notify the physician if the level is outside the targeted range.
   ☒ If TPN, enteral or oral nutrition rate adjustments are made, return to every 1 hour glucose testing.
   ☒ If febrile, on hypothermia protocol, on steroids, vasopressors (epinephrine, norepinephrine, phenylephrine, vasopressin, dopamine or dobutamine) expect increased need for insulin as well as a decreased need when these conditions or medications are discontinued.

Physician Signature ________________________  Physician Provider # ________________________
/_____/_____  ________________________  ___________
Date Time

WESLEY Medical Center

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