## UCSF

Ht:

Wt:

Allergies:

Medical Center

INSULIN INFUSION ORDER FORM FOR ADULT CRITICAL CARE ONLY For Hyperglycemic Patients

cm or in

kg or lbs

Instructions: "√" in box to activate

order

Discontinue all previous orders for:			
☐ Insulin orders			
Oral antidiabetic medications. Name(s):			
2. Maintenance IV FLUIDS: IV dextrose infusion must be maintained while the patient is on an insulin infusion (minimum rate of 10 mL/hr)			
D5			
D5NS at mL/hr			
D10 W at mL/hr (for patients with fluid restrictions or renal failure)			
Other at mL/hr			
Add KCI ———— mEq/L (generally 20 mEq/L)			
3. Insulin Infusion Bags ICU Concentration 1 unit/mL*			
*Use 100 units of REGULAR human insulin in a 100 mL NS bag. <b>Before connecting to the patient</b> —Flush and discard the first 20 mL through tubing or whenever tubing is changed. Concentrated insulin infusion must be piggybacked with IV fluid chaser to ensure delivery.			
<ol> <li>Start Insulin Infusion Rate. Blood glucose (BG) level must be ≥ 120 mg/dl before starting.</li> </ol>			
If patient's normal insulin daily use is 0–30 units/day (or on diet, oral antidiabetic medications or no history of diabetes)		0.5 un	nit/hr
☐ If patient's normal insulin daily use is > 30 units/day		1 un	nit/hr
Other (especially if BG > 300)		un	nits/hr
5. Blood Glucose Goal: 80-120 mg/dL (Follow monitoring parameters & dose adjustments on page 2)			
<ol> <li>If the TPN or tube feeds are interrupted for longer than 30 minutes, start D<sub>10</sub>W at 50 mL/hr and notify MD about change and further action.</li> </ol>			
<ol> <li>Converting or starting subcutaneous (SQ) insulin: The first SQ dose should be administered 30 minutes prior to discontinuing insulin infusion (See transition plan for converting to subcutaneous insulin from insulin infusion).</li> </ol>			
MD Name:	Provider ID #	Pager #	
MD Signature:	Date:	Time:	
RN Signature:	Date:	Time:	