



WEIGHT (KG) DRUG SENSITIVITIES

Please use ballpoint pen and press firmly.

ORDER AND SIGNATURE

GLYCEMIC CONTROL PROTOCOL FOR ADULT ICU/CVRI PATIENTS
Not for patients with diabetic ketoacidosis (DKA) or hyperosmolar nonketotic state

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Transcribe protocol name and order date only.

1. Blood Glucose Monitoring:

Monitor blood glucose by glucose meter as follows: *(refer to glucose meter policy for limitations of use)*

Indication for Frequency of Blood Glucose Monitoring:	Frequency
When blood glucose level is less than 3.5 mmol/L	q 15 min
- On ICU admission - Insulin infusion held due to interruption/cessation of gastrointestinal feedings or continuous parenteral nutrition - Initiation or rate change of gastrointestinal feedings or continuous parenteral nutrition - Blood glucose unstable (when less than 3 consecutive levels are between 4.0 and 9.0 mmol/L) - Initiation/cessation of renal replacement therapy	q1 h
When at least 3 consecutive q1 h blood glucose levels are between 4.0 and 9.0 mmol/L	q2 h
When at least 3 consecutive q2 h blood glucose levels are between 4.0 and 9.0 mmol/L	q4 h
When blood glucose level is between 4.0 and 9.0 mmol/L for greater than 24h	q8 h

2. Initiating or Resuming Insulin Regular (Human Biosynthetic) Therapy (when blood glucose level is greater than 9.0 mmol/L):

Insulin regular (human biosynthetic) 100 units in 100 mL 0.9% sodium chloride (1 unit/mL) IV infusion. After ALL IV tubing primed, discard 50 mL of IV insulin solution *(to saturate insulin binding sites in the tubing)*. Administer insulin regular (human biosynthetic) therapy according to the following table:

Blood Glucose (mmol/L)	Insulin Regular (Human Biosynthetic) IV Direct Dose	Insulin Regular (Human Biosynthetic) IV Infusion Rate
9.1 – 11.0	2 units	1 unit/h
11.1 – 14.0	4 units	2 units/h
14.1 – 17.0	7 units	3 units/h
17.1 – 20.0	9 units	6 units/h
20.1 – 24.0	10 units	8 units/h
Greater than 24.0	Call physician for orders	

Physician Signature:

Printed Name

Date (YYYY/MM/DD) & Time:

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3. **HOLD INSULIN INFUSION** when continuous parenteral nutrition or gastric/intestinal feedings are interrupted, monitor blood glucose as in order #1, and resume insulin regular (human) therapy as in order # 2 when blood glucose is greater than 9.0 mmol/L.

4. **Continuation of Insulin Regular (Human Biosynthetic) Therapy:**

Adjust insulin regular (human biosynthetic) therapy according to the following table:

Blood Glucose (mmol/L)	Current Insulin Regular (Human Biosynthetic) IV Infusion Rate May round infusion rate changes to the nearest 0.5 unit/h.		
	0.1 – 6.9 units/h	7 – 12.9 units/h	Greater than or equal to 13 units/h
Less than 3.0	HOLD INFUSION , give D50W 25 mL IV direct, monitor blood glucose as in order #1, and resume therapy as in order #2 when blood glucose is greater than 9.0 mmol/L. Call physician if more than one dose of D50W administered.		
3.1 - 3.4	HOLD INFUSION , monitor blood glucose as in order #1, and resume therapy as in order #2 when blood glucose is greater than 9.0 mmol/L.		
3.5 – 5.0	Decrease rate by 50%		
5.1 – 6.9	Decrease rate by 25%		
7.0 – 9.0	Continue current rate		
9.1 – 11.0	Increase rate by 1 unit/h	2 units IV direct Increase rate by 1 unit/h	3 units IV direct Increase rate by 2 units/h
11.1 – 14.0	3 units IV direct Increase rate by 2 units/h	4 units IV direct Increase rate by 2 units/h	5 units IV direct Increase rate by 3 units/h
14.1 – 17.0	5 units IV direct Increase rate by 3 units/h	6 units IV direct Increase rate by 3 units/h	7 units IV direct Increase rate by 3 units/h
17.1 – 20.0	7 units IV direct Increase rate by 4 units/h	8 units IV direct Increase rate by 4 units/h	9 units IV direct Increase rate by 4 units/h
20.1 – 24.0	9 units IV direct Increase rate by 5 units/h	10 units IV direct Increase rate by 5 units/h	11 units IV direct Increase rate by 5 units/h
Greater than 24.0	Call physician for order		

5. Hypoglycemia medical directive is not to be implemented.

Physician Signature: _____

Printed Name: _____

Date (YYYY/MM/DD) & Time: _____

