

Name: \_\_\_\_\_  
Room #: \_\_\_\_\_

**STAT**

**DIABETES-UNCONTROLLED DIABETES IN ICU**

1. IV Bolus \_\_\_\_\_ units Human Insulin Regular (usually 6-10 units)

2. Insulin Drip:

Start insulin drip-Human Insulin Regular @ \_\_\_\_\_ units/hour (usually 0.1 units/kg/hour).

Standard drip concentration 100 units/1000 mL 0.9% Sodium Chloride (if patient has history of congestive heart failure or renal failure, 100 units/100 mL 0.9% Sodium Chloride can be used)

If glucose less than 70, give 50 ml Dextrose 50% IVP and stop insulin drip for 15 minutes and recheck bedside glucose.

If glucose greater than 100, restart insulin drip @ \_\_\_\_\_ units/hour (usually 0.5-1 unit/hour).

(For non-pregnant patients) if glucose:

71-120	Decrease insulin drip by 0.3 units/hour or 3 mL/hour
121-180	Maintain current rate
181-240	Increase insulin drip by 0.3 units/hour or 3 mL/hour
241-300	Increase rate by 0.6 units/hour or 6 mL/hour
Greater than 300	Increase rate by 1 unit/hour or 10 mL/hour

3. Capillary glucose is measured hourly until glucose is between 125 mg/dl and 225 mg/dl twice, then measure it every 2 hours thereafter.

4. Initiate Diabetic Teaching Protocol and glucose meter to bedside (if patient does not already have one) after patient tolerating PO.

***Call MD if glucose drops by more than 100 mg/dl/hr.  
Do not piggyback any other IVs into insulin drip tubing.***

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_