(place patient label here)

Patient Name:

BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

PROVIDER ORDERS

Order Set Directions:

Diagnosis: .

- > (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- Initial each page and Sign/Date/Time last page

Allergies	with	reaction	type:_

ICU Dynamic Insulin Drip Protocol

Version 4 6/11/15

 After provider order for initiation of a protocol, nursing may place orders found within the protocol using the Policy/Protocol - No Esign Req order source. (This protocol is initiated thru the ordering of the insulin drip medication order)

Nursing Orders

- ☑ Point of care: capillary blood glucose: every hour until capillary glucose is within goal range x 4 then every 2 hours; titrate insulin infusion as directed
- ☑ Glucose Target Range: 120-180 mg/dL

Insulin Drip Rate Calculation Instruction

- ☑ Initial Rate: (BG-60) X 0.02 = UNITS/hour insulin
 - **BG=Current Blood Glucose
 - **0.02 is the multiplier

Rate Adjustments to initial rate:

- 1) Whenever BG is greater than 180 mg/dL INCREASE multiplier by 0.01
- 2) Whenever BG is less than 120 mg/dL DECREASE multiplier by 0.01
- 3) Whenever BG is 120-180 NO change in multiplier
- **Please note: YOU MUST RECALCULATE THE INSULIN RATE WITH EVERY BLOOD GLUCOSE EVEN IF THE MULTIPLIER DOESN'T CHANGE**
- **TARGET REFERS TO THE BLOOD GLUCOSE NOT THE (BG- 60)**

Notify provider managing insulin infusion

- ☑ IF capillary blood glucose remains greater than 350 mg/dL for 2 hours
- ☑ IF capillary blood glucose less than 70 mg/dL twice in a row
- ☑ IF patient is scheduled for surgery
- ☑ IF another provider turns off insulin drip for any reason
- ☑ IF feedings, TPN or steroids are started, stopped or changed

For Post-Op Major Vascular Surgery Patients:

After patient has begun eating:

- ☑ Do not titrate insulin drip for first 2 hours after meal
- ☑ Discontinue insulin drip 2 hours after meal unless infusing at > 3 UNITS/hour
- ☑ IF insulin drip is infusing at > 3 UNITS/hour: NOTIFY PROVIDER

Hypoglycemia Treatment:

Glucose Level less than 80 mg/dL

dextrose 50% in water (D50W)

☑ intravenous push as needed for capillary blood glucose < 80 mg/dL

Dose using this formula: (100-BG) X 0.3= mL of D50W;

DECREASE multiplier by 0.01 and continue insulin infusion AND re-check capillary blood glucose in 15 minutes repeat as needed;

Resume protocol when blood glucose is greater than 80 mg/dL