

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- 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

Diagnosis: _____

Allergies with reaction type: _____

NICU Insulin Drip

Version 1 02/16/18

Nursing Orders

Measure weight _____

Medications

Patient <1000 grams (Insulin dose range: 0.01-0.1 unit/kg/hr)

Insulin 1.5 units in 30 mL NS (0.05 unit/mL) to run at _____ unit/kg/hr = _____ mL/hr

Patient 1000-1500 grams (Insulin dose range: 0.01-0.1 unit/kg/hr)

Insulin 3 units in 30 mL NS (0.1 unit/mL) to run at _____ unit/kg/hr = _____ mL/hr

Patient >1500 grams (Insulin dose range: 0.01-0.1 unit/kg/hr)

Insulin 6 units in 30 mL NS (0.2 unit/mL) to run at _____ unit/kg/hr = _____ mL/hr

Insulin 0.05 unit/mL

****Less than 1000 grams****

(rates in chart = mL/hr)

		Weight (kg)					
		0.4	0.5	0.6	0.7	0.8	0.9
u n i t / k g / h r	0.01	0.08	0.1	0.12	0.14	0.16	0.18
	0.02	0.16	0.2	0.24	0.28	0.32	0.36
	0.03	0.24	0.3	0.36	0.42	0.48	0.54
	0.04	0.32	0.4	0.48	0.56	0.64	0.72
	0.05	0.4	0.5	0.6	0.7	0.8	0.9
	0.06	0.48	0.6	0.72	0.84	0.96	1.08
	0.07	0.56	0.7	0.84	0.98	1.12	1.26
	0.08	0.64	0.8	0.96	1.12	1.28	1.44
	0.09	0.72	0.9	1.08	1.26	1.44	1.62
	0.1	0.8	1	1.2	1.4	1.6	1.8

Equation: unit/kg/hr x kg / 0.05 = mL/hr

Initials _____

(place patient label here)

Patient Name: _____



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Insulin 0.1 unit/mL

****1000 - 1500 grams****

(rates in chart = mL/hr)

		Weight (kg)											
		0.4	0.5	0.6	0.7	0.8	0.9	1	1.1	1.2	1.3	1.4	1.5
u n i t / k g / h r	0.01							0.1	0.11	0.12	0.13	0.14	0.15
	0.02		0.1	0.12	0.14	0.16	0.18	0.2	0.22	0.24	0.26	0.28	0.3
	0.03	0.12	0.15	0.18	0.21	0.24	0.27	0.3	0.33	0.36	0.39	0.42	0.45
	0.04	0.16	0.2	0.24	0.28	0.32	0.36	0.4	0.44	0.48	0.52	0.56	0.6
	0.05	0.2	0.25	0.3	0.35	0.4	0.45	0.5	0.55	0.6	0.65	0.7	0.75
	0.06	0.24	0.3	0.36	0.42	0.48	0.54	0.6	0.66	0.72	0.78	0.84	0.9
	0.07	0.28	0.35	0.42	0.49	0.56	0.63	0.7	0.77	0.84	0.91	0.98	1.05
	0.08	0.32	0.4	0.48	0.56	0.64	0.72	0.8	0.88	0.96	1.04	1.12	1.2
	0.09	0.36	0.45	0.54	0.63	0.72	0.81	0.9	0.99	1.08	1.17	1.26	1.35
	0.1	0.4	0.5	0.6	0.7	0.8	0.9	1	1.1	1.2	1.3	1.4	1.5

Equation: unit/kg/hr x kg / 0.1 = mL/hr

Insulin 0.2 unit/mL

****Greater than 1500 grams****

(rates in chart = mL/hr)

		Weight (kg)												
		1.6	1.7	1.8	1.9	2	2.1	2.2	2.3	2.4	2.5	3	3.5	4
u n i t / k g / h r	0.01				0.1	0.1	0.11	0.11	0.12	0.12	0.13	0.15	0.18	0.2
	0.02	0.16	0.17	0.18	0.19	0.2	0.21	0.22	0.23	0.24	0.25	0.3	0.35	0.4
	0.03	0.24	0.26	0.27	0.29	0.3	0.32	0.33	0.35	0.36	0.38	0.45	0.53	0.6
	0.04	0.32	0.34	0.36	0.38	0.4	0.42	0.44	0.46	0.48	0.5	0.6	0.7	0.8
	0.05	0.4	0.43	0.45	0.48	0.5	0.53	0.55	0.58	0.6	0.63	0.75	0.88	1
	0.06	0.48	0.51	0.54	0.57	0.6	0.63	0.66	0.69	0.72	0.75	0.9	1.05	1.2
	0.07	0.56	0.6	0.63	0.67	0.7	0.74	0.77	0.81	0.84	0.88	1.05	1.23	1.4
	0.08	0.64	0.68	0.72	0.76	0.8	0.84	0.88	0.92	0.96	1	1.2	1.4	1.6
	0.09	0.72	0.77	0.81	0.86	0.9	0.95	0.99	1.04	1.08	1.13	1.35	1.58	1.8
	0.1	0.8	0.85	0.9	0.95	1	1.05	1.1	1.15	1.2	1.25	1.5	1.75	2

Equation: unit/kg/hr x kg / 0.2 = mL/hr

Provider Signature: _____ Date: _____ Time: _____