# Adult Insulin Infusion Guidelines

## To Start Insulin Drip

### Blood Glucose

<table>
<thead>
<tr>
<th>Blood Glucose</th>
<th>IV Bolus</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>151-199</td>
<td>No Bolus</td>
<td>2 units/hr</td>
</tr>
<tr>
<td>200-250</td>
<td>3 units Reg</td>
<td>2 units/hr</td>
</tr>
<tr>
<td>251-300</td>
<td>6 units Reg</td>
<td>3 units/hr</td>
</tr>
<tr>
<td>301-350</td>
<td>9 units Reg</td>
<td>3 units/hr</td>
</tr>
<tr>
<td>&gt;350</td>
<td>10 units Reg</td>
<td>4 units/hr</td>
</tr>
</tbody>
</table>

## Insulin Infusion Adjustment

<table>
<thead>
<tr>
<th>Blood Glucose</th>
<th>Insulin Infusion Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;60 mg/dL</td>
<td>Stop insulin infusion. Notify MD. Give 25ml of D50W and recheck blood glucose every 30 minutes.</td>
</tr>
<tr>
<td>60 - 99 mg/dL</td>
<td>Stop insulin infusion. Check blood glucose every 30 minutes. When blood glucose is &gt;120, restart insulin at 25% of previous rate if glucose is &gt;140 mg/dL, restart at 50% of the previous rate</td>
</tr>
<tr>
<td>100 - 140 mg/dL decrease</td>
<td>No Change; HOWEVER, if blood glucose continues to over 3 consecutive checks, please decrease infusion by 0.5 units/hr.</td>
</tr>
</tbody>
</table>

(Continued)
Check blood glucose every 1 hour

- Call MD for 2 (two) consecutive blood glucose values of greater than or equal to 250 mg/dL
- If patient is within 100-140 mg/dL for 2 consecutive hours, blood glucose checks may be decreased to every 2 hours
- When a change is made to the infusion rate, check blood glucose every 1 hour until stabilized for 2 consecutive hours
- If blood glucose drops by >50% at any time, decrease insulin rate by 50% and recheck in 1 hour
- If potassium is below 3.5 mmol/L notify ordering physician prior to starting insulin bolus/drip and then monitor potassium level every 4 hours

**PLEASE NOTE**
1. Calculate 24 hr insulin requirement [Total Daily Dose (TDD)] from drip

2. Starting SQ insulin dose will be calculated as 80% of the total insulin received

3. Conversion from infusion to Lantus and Lispro regimen
   Lantus 50% of TDD at bedtime + Lispro 50% of TDD divided as 3 doses with each meal
   **Example:** 75 units TDD, 60 units is 80% = Lantus 30 units at bedtime and Lispro 30 = 10 units per meal
   OR

4. Conversion from infusion to NPH and Regular regimen
   NPH 2/3 of TDD in morning with a 2:1 NPH/Reg ratio for morning dose
   NPH 1/3 of TDD in evening with a 1:1 NPH/Reg ratio for evening dose
   **Example:** 58 units TDD, 46 units is 80% = morning dose of 46 X 0.66 = 30 units
   Morning dose is 30 units divided out as NPH 20 units and Regular 10 units
   Evening dose of NPH 8 units of Regular 8 units

5. Overlap time - Start basal insulin prior to stopping insulin drip
   Lantus - stop drip 6 hours after Lantus dose
   NPH - stop drip 4 hours after NPH dose

6. Start meal time coverage with Lispro or Regular Insulin when patient is eating

7. **IF** the drip has been on for less than 24 hours calculate to 24 hours by multiplying.
   **Example:** if the drip is on for 8 hours multiply by 3 to calculate the TDD; if on 12 hours multiply by 2 to calculate the TDD