

HIGH DOSE Insulin Infusion Algorithms (Adult)

Must have "High Dose Insulin Infusion" Orders initiated prior to use

- For patients NOT achieving glycemic control with Standard Dose Insulin Infusion Orders
- Must fail Algorithm 4 x 3 or more consecutive hours prior to use
- High Dose orders are an add-on continuation of Standard Dose Insulin Infusion orders. Continue to follow guidelines on the Standard Dose Insulin Infusion Algorithm Decision Tree when utilizing high dose algorithms.

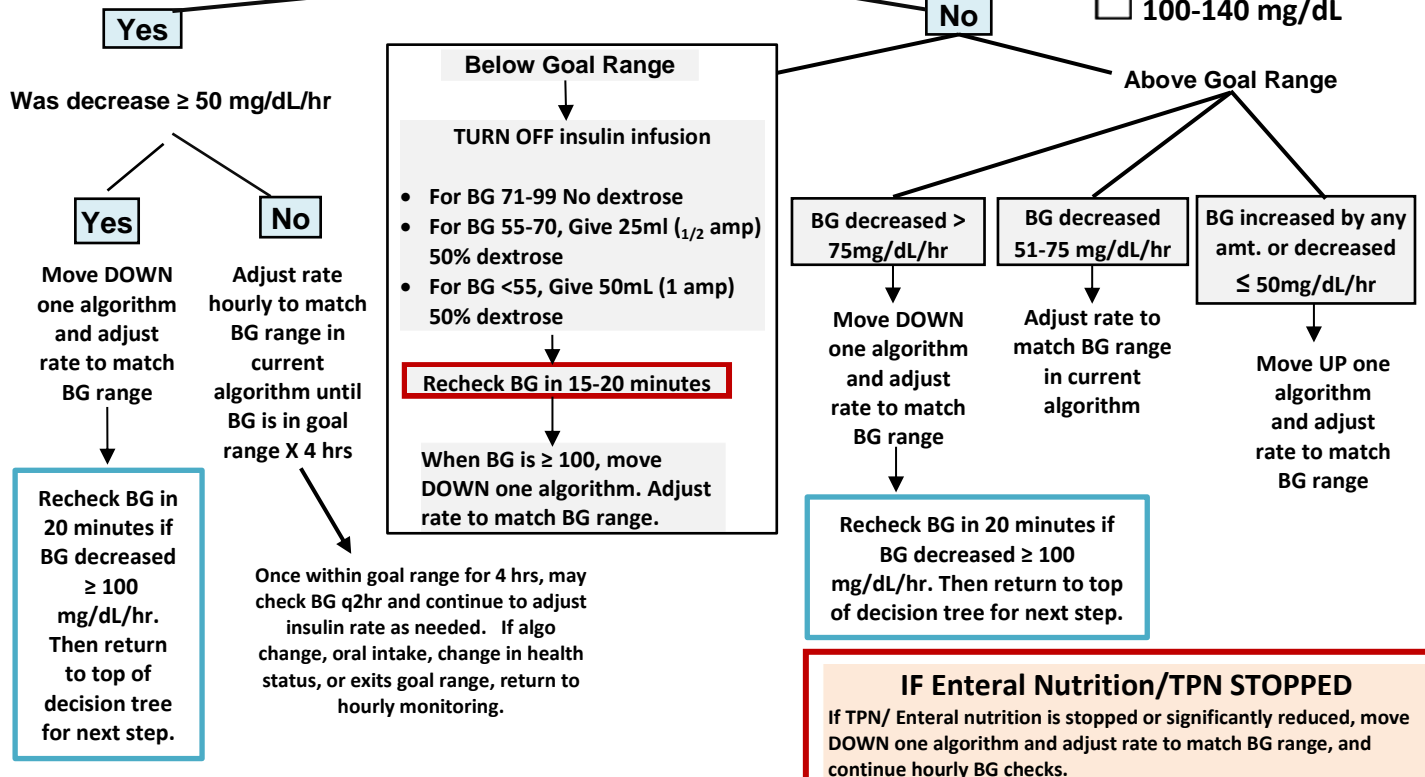
Algorithm 4 See Standard Insulin Infusion	Algorithm 5		Algorithm 6		Algorithm 7		Algorithm 8	
	BG	Units/hr	BG	Units/hr	BG	Units/hr	BG	Units/hr
	≤ 70 = Hypoglycemia (See Hypoglycemia Protocol)							
	71-99: Turn off insulin infusion & recheck BG in 15-20 minutes. Important: Restart Insulin drip in one lower algorithm when BG ≥ 100 mg/dL							
	100-110: Consider moving DOWN one Algorithm if BG trending down. Recheck BG in 15-20 min.							
	100-120	3	100-120	4	100-120	5	100-120	6
	121-140	5	121-140	6.5	121-140	8.5	121-140	10
	141-160	7	141-160	9	141-160	12	141-160	14
	161-185	9	161-185	12	161-185	15	161-185	18
	186-210	11	186-210	15	186-210	19	186-210	23
	211-240	14	211-240	19	211-240	23	211-240	28
	241-270	17	241-270	23	241-270	28	241-270	34
	271-300	20	271-300	26	271-300	33	271-300	40
	301-330	23	301-330	30	301-330	38	301-330	46
	331-360	26	331-360	34	331-360	42	331-360	52
	>360	29	>360	38	>360	47	>360	57

Blood Glucose in Goal Range? (see orders)

Goal BG:

□ 100-180 mg/dL

□ 100-140 mg/dL



Standard Dose Insulin Infusion Algorithm Decision Tree (Adult)

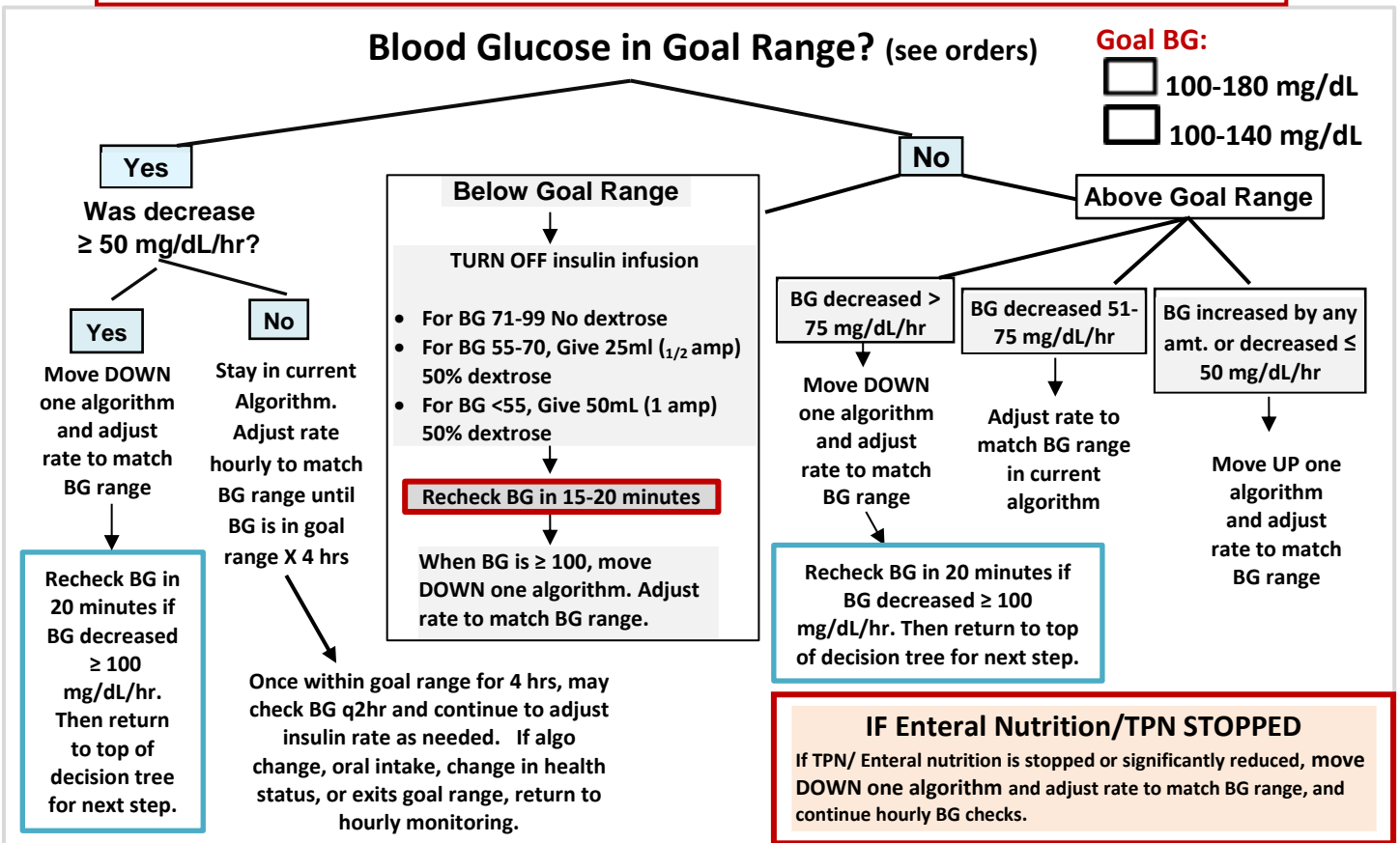
Most patients start in Algorithm 1. See order to confirm starting algorithm.

Patient must have a consistent source of carbohydrate calories from IV dextrose, TF, TPN or PO intake when BG ≤ 250mg/dL

Always return to the top of decision tree and work downward with each BG check

Hourly BG monitoring is required when:

- BG is above goal range
- Changing algorithms
- Oral carbohydrate intake
- Utilizing off-protocol rate



Algorithm 0.5		Algorithm 1 Most patients start here		Algorithm 2 Very insulin resistant patients start here		Algorithm 3		Algorithm 4 Failure X3 – Consider High Dose	
BG	Units/hr	BG	Units/hr	BG	Units/hr	BG	Units/hr	BG	Units/hr
≤ 70: Follow HYPOglycemia Orders. Important: Restart insulin infusion in one lower algorithm when BG ≥ 100 mg/dL									
71-99: Turn off insulin infusion & recheck BG in 15-20 minutes. Important: Restart insulin infusion in one lower algorithm when BG ≥ 100 mg/dL									
100-120	0.3	100-120	0.5	100-120	1	100-120	1.5	100-120	2
121-140	0.5	121-140	0.8	121-140	1.5	121-140	2.5	121-140	3.5
141-160	0.7	141-160	1.2	141-160	2	141-160	3	141-160	4.5
161-185	0.9	161-185	1.5	161-185	2.5	161-185	4	161-185	6
186-210	1.1	186-210	2	186-210	3	186-210	5	186-210	7.5
211-240	1.4	211-240	2.5	211-240	4	211-240	6.5	211-240	9.5
241-270	1.7	241-270	3	241-270	5	241-270	8	241-270	11
271-300	2	271-300	3.5	271-300	6	271-300	9	271-300	13
301-330	2.3	301-330	4	301-330	6.5	301-330	10.5	301-330	15
331-360	2.6	331-360	4.5	331-360	7.5	331-360	12	331-360	17
> 360	3	> 360	5	> 360	8.5	> 360	14	> 360	19

If NOT achieving glycemic control in Algorithm 4 for 3 consecutive hours, order HIGH DOSE Infusion

- On very rare occasions, rate changes other than those indicated by this protocol may be needed. Refer to "Insulin Infusion Non-Protocol Approved Rate Adjustment Rationales Reference Text" for allowable approved rationales. Notify the provider by text page per policy. Document the approved rationale and recheck BG in 1 hour. Never change more than one algorithm at a time. Return to the protocol as soon as possible.
 To transition off insulin drip, administer 1st dose of subcutaneous basal insulin, continue titrating for two hours, and discontinue drip after 2 hours. Check BG prior to discontinuation to ensure BG is in a safe range. Document "0 units/hr" in the insulin infusion rate row anytime drip is off or discontinued.