



PHYSICIAN ORDER SET

AUTHORIZATION IS GIVEN TO THE PHARMACY TO DISPENSE AND TO THE NURSE TO ADMINISTER THE GENERIC OR CHEMICAL EQUIVALENT WHEN THE DRUG IS FILLED BY THE PHARMACY OF UPMC - UNLESS THE PRODUCT NAME IS CIRCLED.

IMPRINT PATIENT IDENTIFICATION HERE

Diabetes: Perioperative Intravenous Insulin Guidelines

*Check All Orders that Apply with a & All Handwritten Orders Should be **BLOCK PRINTED** for Clarity*

- Begin insulin infusion
 - Insulin 100 units/100 ml 0.9% Sodium Chloride (1 unit/ml)
 - Flush 15 ml of insulin/sodium chloride infusion through all IV tubing before beginning infusion
 - Starting dose for IV insulin based on preoperative blood glucose as follows:
 - Divide initial blood glucose level in mg/dl by 100, then round to the nearest 0.5 unit for IV bolus and initial infusion rate
Example: If initial blood glucose = 318 mg/dl: $318/100 = 3.18$ IV bolus = 3 units and start infusion at 3 units per hour
 - Check hourly blood glucose and adjust insulin infusion according to table below

Algorithm for Adjustment of Intravenous Insulin Infusion

Blood Glucose	Sliding Scale Insulin Dose	Additional Orders
< 70	Discontinue insulin infusion for <u>at least</u> one hour	Administer 25 ml D50 and repeat BG in 15 minutes Resume insulin infusion when BG > 100 mg/dL at one unit per hour and adjust hourly
70 -100	Discontinue insulin infusion	Check blood glucose every 30 minutes Resume insulin infusion at 50% of previous dose when BG >100 and adjust hourly
101-150	Maintain current rate	
151-250	Increase by 1 to 2 units per hour	
>250	Increase by 2 to 4 units per hour	Consider IV bolus of 4 units regular insulin

(BLOCK Print Name)

(Signature)

Date / Time: _____ Pager # _____



Order Set Faxed to Pharmacy by:
(name / time) _____ **Unit:** _____