

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION  
DO NOT USE ABBREVIATIONS**

<b>DOCTORS ORDERS</b>	<b>CHECK OFF/ INITIALS</b>																		
<b>PROTOCOL FOR GLYCEMIC MANAGEMENT (CVU/Braddock Campus ICU)</b>																			
<b><u>RATIONALE:</u></b> hyperglycemia is strongly associated with increased hospital mortality and organ dysfunction among critically ill patients																			
<b><u>GOAL:</u></b> to maintain serum glucose 80-140																			
<b><u>IMPORTANT POINTS:</u></b>																			
<ul style="list-style-type: none"> <li>▪ All patients receiving continuous Insulin must receive a continuous source of glucose either via Intravenous (Dextrose 5% in Water or TPN) or enteral feeds</li> <li>▪ The Insulin infusion is discontinued if the patient is discharged from ICU or leaves the ICU for a diagnostic test (resume protocol on return)</li> </ul>																			
<b><u>INSULIN INFUSION AND MONITORING:</u></b>																			
<ul style="list-style-type: none"> <li>▪ Hourly blood sugar measurements (finger stick or blood) will be obtained on all patients receiving Insulin infusions</li> <li>▪ Insulin infusions are to be mixed regular Human Insulin (Humulin R®) 100 units in 0.9% Sodium Chloride</li> <li>▪ If blood sugar is stable – three consecutive values in goal range and all within 20 mg/dL of each other – monitoring frequency can be reduced to every 2 hours</li> <li>▪ Restart hourly blood sugar measurements if any change in insulin infusion rate occurs</li> </ul>																			
<b><u>INSULIN INFUSION:</u></b>																			
1. Initiating infusion																			
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3. Glucose value < 100																			
<ul style="list-style-type: none"> <li>&lt;40 stop infusion, give 1 amp (25 Grams) Dextrose 50% Intravenous, check glucose in one hour</li> <li>40-59 stop infusion, give ½ amp (12.5 Grams) Dextrose 50% Intravenous, check glucose in one hour</li> <li>60-79 stop infusion, check glucose in one hour</li> <li>80-99 continue infusion at 1 unit / hour</li> </ul>																			
4. Call the physician for any questions or further orders if unable to control blood sugar.																			
<b>Physician/Date/Time:</b>	<b>Nurse/Date/Time:</b>	<b>Secretary/Date/Time:</b>																	

**Full page of orders requires only one physician, one nurse and one clerical signature**



Original to Patient's Chart

Revised: 1/06; 8/07

Fax to Pharmacy  
Form #1.4-004