## **Critical Care Glycemic Control Protocol**

- 1. BGs every 4 hours on all patients admitted to the ICU with ANY of the following:
  - a. Admission glucose >140
  - b. History or unknown history of diabetes
  - c. Stroke (ischemic or hemorrhagic)
  - d. Surgery in the last 24 hours
- 2. BGs may be discontinued on patients with BOTH:
  - a. No history of diabetes or stroke (AND)
  - b. All BGs < 140/no insulin required for at least 24 hours
- 3. Insulin drips will be initiated within 1 hour on ALL patients with
  - a. Any glucose >300
  - b. BG >200 twice in a row
- 4. A provider order is REQUIRED to hold an insulin drip that is otherwise indicated
- 5. Insulin drips will be titrated in the OR/procedural areas
- 6. Sliding scales (select 1):
  - a. Tier 1
  - b. Tier 2 (default)
  - c. Tier 3

<b>Blood Glucose</b>	Stroke Patient	Tier 1	Tier 2 (default)	Tier 3
<70	D50 25g/50ml IV	D50 25g/50ml IV	D50 25g/50ml IV	D50 25g/50ml IV
<140	0 units	0 units	0 units	0 units
141-180	0 units	2 units	4 units	6 units
181-220	2 units	4 units	6 units	8 units
221-260	4 units	6 units	8 units	10 units
261-300	6 units	8 units	10 units	12 units
>300	Insulin drip	Insulin drip	Insulin drip	Insulin drip
BG >200 twice	Insulin drip	Insulin drip	Insulin drip	Insulin drip

## **ICU Insulin Drip Nursing Titration Protocol**

- Indications: BG >200 twice or any BG >300 (provider order required to hold drip when indications met)
- Starting rate = (BG-60) x 0.02 (max starting rate = 10 units/hr)
- Round all insulin drip rates to the nearest whole number
- Maximum insulin drip rate is 20 units/hr; provider order required to increase about 20 units/hr
- Decrease rate by 50% anytime patient is made NPO, then titrate per protocol

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Glucose	Nursing Assessment	Nursing Intervention/Infusion Titration		
Less than	If BG < 80	1. STOP insulin drip and administer D50W 25g/50 ml IV x1		
80		2. RECHECK BG in 30 minutes		
		3. When BG >120, restart drip at 50% of the previous rate or discuss		
		readiness for SSI with provider		
80-99	If BG 80-99	<ol> <li>STOP insulin drip</li> </ol>		
		2. RECHECK BG in 30 minutes		
		3. When BG >120, restart drip at 50% of the previous rate or discuss		
		readiness for SSI with provider		
100-119	BG decreased by	1. Decrease rate by 50%		
	more than 20	2. Recheck BG in 1 hour		
	BG decreased by less	<ol> <li>Decrease rate by 1 unit/hr or 20% if previous rate is &gt; 5 units/hr</li> </ol>		
	than 20	2. Recheck BG in 2 hours		
120-160	BG decreased by	<ol> <li>Decrease rate by 1 unit/hr or 20% if previous rate is &gt; 5 units/hr</li> </ol>		
	more than 20	2. Recheck BG in 2 hours		
	BG decreased by less	1. No rate change		
	than 20	2. Recheck BG in 2 hours		
	BG increased	<ol> <li>No rate change or transition to SSI (discuss with provider)</li> </ol>		
		2. Recheck BG in 2 hours		
161-200	BG decreased by	1. Decrease drip by 1 unit/hr or 20% if rate > 5 units/hr		
	more than 20	2. Recheck BG in 1 hour		
	BG decreased by less	1. No rate change		
	than 20	2. Recheck BG in 1 hour		
	BG increased	<ol> <li>Increase rate by 1 unit/hr</li> </ol>		
		2. Recheck BG in 2 hours		
201-250	BG decreased by	1. Decrease drip rate by 1 unit/hr or 20% if current rate is >5		
	more than 30	units/hr		
	BG decreased by less	1. No rate change		
	than 30	2. Recheck BG in 1 hour		
	BG increased	1. Increase rate by 2 units/hr		
		2. Recheck BG in 1 hour		
>250	BG >250 & decreased	1. No rate change		
	by >50	2. Recheck in 1 hour		
	BG >250 & decreased	<ol> <li>Increase rate by 1 unit/hr</li> </ol>		
	by <50	2. Recheck BG in 2 hours		
	BG >250 & up-	1. Increase rate by 2 ml/hr		
	trending	2. Recheck BG in 1 hour, notify provider if BG increases		