UCSF Children's Hospital UCSF Medical Center

PEDIATRIC INSULIN INFUSION ORDERS (NOT FOR DIABETIC KETOACIDOSIS DKA)

DATE:	TIME:

UNIT NUMBER

PT. NAME

BIRTHDATE

LOCATION DATE

ALL INSULIN INFUSION ORDERS AND CONCENTRATIONS FOR NEONATES ARE DETERMINED ON A CASE-BY-CASE BASIS. CONSULT WITH ENDOCRINE.

Insulin allergy: ☐ **Yes** ☐ **No** **HT (cm)** _____ **WT(kg)** _____

1. D/C previous insulin orders and the following anti-diabetes medications _____.

2. Maintenance IV FLUIDS (IV Dextrose infusion must be maintained while patient is on insulin infusion)

☐ **D5 NS** **at** _____ **mL/hour**

☐ **D5 1/2 NS** **at** _____ **mL/hour**

☐ **Other** **at** _____ **mL/hour**

3. Insulin Infusion-use Alaris Infusion Pump (accurate to the hundredths).

A. **Standard Insulin Solution** is prepared by Pharmacy **(100 units Regular insulin and 100mL NS). Standard Concentration is** **1 unit = 1 mL.** Prime tubing and **flush 20mL** through **tubing before connecting to patient.**

4. Before beginning infusion, check Blood Glucose (BG) with glucose meter.

5. Start Insulin infusion (when BG > 100 mg/dL): at _____ **units/kg/hour =** _____ **units/hour.**

6. Adjust Insulin Infusion Rate. Round up to the nearest hundredth.

BG < 80 mg/dL	Stop infusion and Call MD; see #7 below
BG 80-120	Decrease infusion by 25% (dose x 0.75)
BG 121-180	No change in infusion rate
BG 181-250	Increase infusion by 10% (dose x 1.10)
BG 251-350	Increase infusion by 25% (dose x 1.25)
BG > 350	Bolus 0.1 unit/kg of body weight (kg x 0.1) **and** increase dose by 25% (dose x 1.25)

7. Check BG every hour with glucose meter until stable (range 100-180 mg/dL) for two consecutive readings and **then every 2 hours.** If BG has changed more than 100 mg/dL from previous reading, recheck BG before adjusting insulin dose to verify accuracy of glucose meter reading. Resume every hour BG check if BG > 180 mg/dL or < 100 mg/dL.

8. For a BG < 80 mg/dL or > 400 mg/dL call MD and if:
   - BG < 80 mg/dL but > 60 mg/dL, stop insulin infusion. Check BG every 15 minutes until >100mg/dL
   - BG ≤ 60 mg/dL, stop insulin infusion, give $D_{10}W$ 3mL (0.3 grams Dextrose)/kg body weight. SPECIFY AMOUNT in mL _____ Check BG every 15 minutes and repeat treatment until > 100mg/dL
   - When BG >100 mg/dL, call MD for new insulin infusion rate.

9. If TPN or tube feeds are interrupted for longer than 30 minutes, start $D_{10}W$ at rate of TPN or tube feeds. Notify MD about change and future action.

10. When converting to subcutaneous (SQ) insulin, give prescribed SQ dose 30 minutes prior to discontinuing insulin infusion. Then use SQ Insulin Order Sheet (Form 602-262).

Signature _____ **M.D. #** ___ ___ ___ ___ ___ **Time** _____ **Date** _____ **Pager #**_____

FLAG CHART TO INDICATE NEW ORDER **Checked by** _____ **R.N. Time** _____ **Date** _____

105-0010 (Rev. 12/05) Relizon MEDICAL RECORD COPY

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