

PROTOCOL FOR: Insulin: Continuous IV Administration

- POLICY:**
1. While a patient is on a continuous insulin infusion, blood glucose must be monitored (by either glucose meter or lab draw) at least every 6 hours or as ordered by MD/licensed independent practitioner (LIP).
 2. Continuous IV insulin infusions are to be run on an infusion pump using guardrails.
 3. Insulin infusions must be checked by a second RN or LPN for correct medication, dose, and rate of infusion.

DESIRED

PATIENT OUTCOME: The patient's blood glucose level will be within desired parameters as ordered.

**CLINICAL
ASSESSMENT**

- AND CARE:**
1. Prior to Starting Infusion:
 - a. Obtain baseline laboratory data as ordered.
 - b. Obtain insulin drip from pharmacy. The standard dilution for insulin is 1 unit per ml (mixed in normal saline).
 - c. Prime the IV tubing and flush through an extra 10-15ml. (Insulin binds to the plastic in the IV tubing, thus, flushing the tubing with an extra amount of fluid will assure the tubing has been saturated with as much insulin as it will hold.)
 2. During the Infusion:
 - a. Monitor the patient's blood glucose (from lab draws or glucose meter) every 1-6 hours, depending on patient response to infusion and LIP orders.
 - b. Notify MD/LIP of all results outside of parameters.
 3. Nursing Considerations:
 - a. Beta Blockers, MAO inhibitors, salicylates and tetracycline increase the hypoglycemic effect of insulin.
 - b. Corticosteroids and thiazide decrease insulin's effect. A change in the corticosteroid dosage can cause wide fluctuations in blood glucose levels.

**REPORTABLE
CONDITIONS:**

1. Blood glucose levels outside ordered parameters.
2. Significant differences between glucometer and lab value results.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/93

REVISION DATES: 1/95, 3/96, 11/97, 8/99, 9/02, 11/02, 6/06, 7/09