

LEVEL OF INTENSITY (LOI)

(Please complete a Level of Intensity Order Form for any LOI II-V)

ALLERGIES: _____**Recommended Regimens (Choose One):**

Regimen 1: For patients with good glycemic control estimated average glucose (HA1C) < 7.5 on oral medications and total insulin use < 30 units prior to admission or thin, elderly patients, chronic renal failure, newly diagnosed diabetes.

Regimen 1.5: For patients whose blood glucose control is not adequate on Regimen 1 but have hypoglycemia on Regimen 2

Regimen 2: For patients with estimated average glucose (HA1C) > 7.5 on oral meds, Insulin dose >30 units prior to admission, average/overweight patients, CABG, ICU, or on steroids.

Regimen 3: For patients not controlled with Regimen 1 and 2.

Blood Glucose	Regimen 1	Regimen 1.5	Regimen 2	Regimen 3
< 80	0 unit/hour	0 unit/hour	0 unit/hour	0 unit/hour
80 -100	0 unit/hour	0 unit/hour	0 unit/hour	0 units/hour
101-120	1 unit/hour	1.5 units/hour	2.5 units/hour	4 units/hour
121-150	2 units/hour	3 units/hour	4.5 units/hour	6 units/hour
151-200	3 units/hour	4.5 units/hour	6 units/hour	7.5 units/hour
201-250	4 units/hour	6 units/hour	8 units/hour	10 units/hour
251-300	6 units/hour	7.5 units/hour	9 units/hour	11 units/hour
301-350	8 units/hour	10 units/hour	12 units/hour	14 units/hour
351-400	10 units/hour	12 units/hour	14 units/hour	16 units/hour
>400	12 units/hour	13.5 units/hour Notify physician.	15 units/hour Notify physician.	20 units/hour Notify physician.

1. Check BGM before initiating insulin drip protocol.

2. Maintenance IV _____ at _____ mL/hr.

3. After each blood glucose reading, adjust the infusion rate according to the ordered regimen.

4. If tube feedings are held for more than one hour, call physician for IV insulin orders.

5. Start prandial insulin after patient has tolerated first meal (including clear liquids with carbohydrate) and continue insulin infusion (not applicable to patients receiving tube feeds only). Give:

- (Prandial Insulin should be written by prescriber for patients weighing <50 kg)
- Novolog 3 units SC TID with meals if weight is 50-70 kg
- Novolog 5 units SC TID with meals if weight is 71-100 kg
- Novolog 8 units SC TID with meals if weight is 101-130
- Novolog 12 units SC TID with meals if weight is >130 kg
- (Discontinue Prandial Insulin when Insulin Infusion discontinued)

6. Check blood glucose q 1 hour until two (2) consecutive readings are between 100-140. When two consecutive blood glucose levels are between 100-140, change to q 2 hour blood glucose checks.

7. If the blood glucose level is >140 for 2 hours and has increased in the past hour, advance to the next higher regimen. If the blood glucose is >150 for 2 hours, advance to the next higher regimen even if it had not increased in the past hour.

8. If blood glucose is >140 on Regimen 3 for 2 hours, increase drip rate by 3 units, call attending physician and consider Endocrinology consult.

9. If the blood glucose level is < 100 for 2 hours, move to the next lower regimen.

10. After any change, check the blood glucose level q1 hour until two consecutive blood glucose readings are between 100-140. Then change to q2 hour checks.

11. Notify physician of blood glucose levels > 400 or < 70. Follow hypoglycemia guidelines if < 70. Restart insulin infusion when blood glucose >140 at next lower Regimen.

Physician _____ (signature) _____ (printed name) _____ (date) _____ (time)

Patient Identification



PINNACLEHEALTH
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**ADULT (NON-MATERNITY)
INSULIN INFUSION ORDERS**

