

ALLIANCE HURON	N PERTH HI	EALTHCAR	KE ALLIAN	<b>ICE</b>						
Allergies: □ NKA or: _										
<del></del>				_						
Weight (kg)	_									
SCAN	ALL ORDERS TO									
	HPH.	A – IV IN	SULIN IN	NFUSIO	N ORI	DER S	SET			
INITIAL INSULIN										
Target blood gluco										
│			ml codiur	n chlorida	0.0% 10	00 ml /	'1 unit n	or ml \		
⊠IV tubing must b									for	
instructions	о род до		9							
					hours. C	Change	insulin	infusions	every day	
at 1600 hours (					!-:4:-1	منان مانات	1.565	Data tal	h.l	
$\boxtimes$ If patient is not $\square$ If patient not or										
hour	i ii ii Oi Ciil	erai reeus, ii	illiale Dexi	.1036 0 /0-3	souluiii c	monae	0.5701	v at	nic per	
	Glucose (m			Initial Insulin Infusion Rate						
Less that	an or equal t	o 11		required	Rechec	k blood	glucos	e in 4		
11.1-14		hours Start insulin infusion at 0.5 units per hour								
14.1-18			Start insulin infusion at 1 unit per hour							
18.1-20			Start insulin infusion at 2 units per hour							
Greater than 20			Start insulin infusion at 3 units per hour							
MAINTENANCE II  Hold insulin and If blood glucose	d call MRP if	blood gluco						P for add	led orders	
			ervention			Blo		icose Mo		
(mmol per L) Less than 3.9 Hold infusion and		ion and give	I give 25 mL of Dextrose 50% IV			Q30MIN				
Call MRP			5 23 IIIL OI DEXIIOSE 30 /6 IV			QJUIV	IIIN			
Restart infusion at 50% of previous rate once										
	er than or equal to 8									
3.9-7.9 Hold infusion Restart infusion at 50% blood glucose is great			50% of previous rate once			Q1H	x3 then	Q2H		
	blood gluc	ose is great	ei illali oi e	equal to o						
FORM#0DRME095M2 11/21 ISFLE	М									
Processed by: Date &		Date & Time	e Reviewed b		by:			Date & Time		
Practitioner Printed Name		Practitioner Si	Practitioner Signature		Date		Time		Page 1 of 2	

PLEASE STAMP BELOW



## HURON PERTH HEALTHCARE ALLIANCE HURON PERTH HEALTHCARE ALLIANCE

Heres								
Allergies: □ NKA or: _			_					
Weight (kg)								
MAINTENANCE IN	ALL ORDERS TO							
Blood Glucose (mmol per L)	NSULIN INF	Intervention			Blo		ucose Mo requency	onitoring
8-11 (target range)	since last blood glud 50% of pro- greater that Otherwise	ucose has dropped by measurement, hold in cose in one hour and reevious rate once blood an or equal to 8 , no change to rate and as indicated	eck	Q2H*		requerie		
11.1-14	If blood gl no change If blood gl	ucose is lower than la	Q1H					
Greater than 14	no change	ucose is the same or qurement, increase infu	greater than	the	Q1H			
target range (8- If neurological s When reducing	11 mmol pe status decres the insulin i insulin infu	glucose as per table a er L) then measure blo- ases, perform STAT b infusion rate, round do asion when: 0.5 units per hour <b>OR</b>	od glucose ( lood glucose wn to the ne	Q4H e to rule	e out hy	poglyc	emia	esults are in
Continuous par	enteral or er	nteral nutrition is interr e containing IV is disc	upted <b>OR</b>	IV acce	ess is lo	st		
Processed by:		Date & Time	Reviewed by	··			Date & T	ime
Practitioner Printed Name	;	Practitioner Signature	<u> </u>	Date		Time	Duit & I	
						-		Page 2 of 2