



Insulin Drip Guidelines

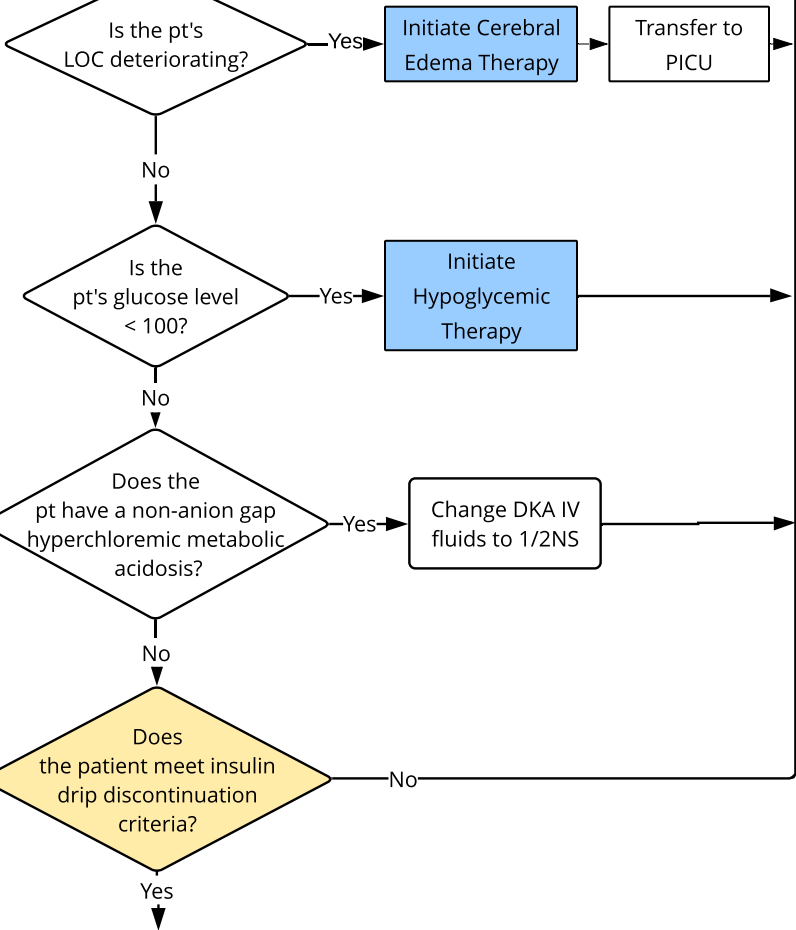
- Chemistries needed:
- Monitor BMP every 4 hours
  - Obtain the following labs if not obtained previously:
    - Hgb A1c
    - Insulin antibodies
    - GAD antibodies
    - IA-2 antibodies
    - Zinc transporter 8 antibodies
    - C-peptide
    - Celiac diagnostic algorithm
    - TSH diagnostic algorithm

- Nursing action items:**
- Obtain weight (in kg)
  - Place on CR and O<sub>2</sub> monitors
  - Assess neurologic status at least every 1 hour
  - Assess patient POC chemistries every hour:
    - Blood glucose
    - Beta-hydroxybutyrate (BOHB) [ketones]
  - Assess vital signs every 2 hours
  - Measure I & O

Initiate insulin drip (100 Units of Regular insulin in 100 mL normal saline) administration rate 0.1 Units/kg/hr

DKA Titration Schedule			
	BAG 1	BAG 2	
Plasma glucose	NS w/ additives	D <sub>10</sub> NS w/ additives	Final dextrose concentration
≥ 250	100%	0%	0%
200-249	50%	50%	5%
150-199	25%	75%	7.5%
< 150	0%	100%	10%

- Administer maintenance IV fluids**
- IV fluid rate is 1.5 maintenance
  - Dextrose concentration is determined by patient's glucose level using the **DKA Titration Schedule**
  - **Notify provider to inform of titration schedule changes and associated blood glucose**
  - Potassium additives in IV fluids as below (Use caution in replacing potassium in patients with hyperkalemia or renal failure by making sure these patients are able to void prior to initiation of therapy):
    - D<sub>10</sub>NS with 20 mEq/L K Acetate and 20 mEq/L K Phosphate
    - Normal saline with 20 mEq/L K Acetate and 20 mEq/L K Phosphate



- Insulin Drip Discontinuation Criteria:**
- Bicarbonate level is ≥ 18 mmol/L
  - AND**
  - Anion gap is normalized and / or blood ketones are < 0.6 mmol/L

Discontinue insulin drip and D<sub>10</sub>NS with additives, call Endocrine for further management questions