The following insulin inflation protocol is intended for use in hyperglycemic adult patients in an ICU setting, but is not specifically tailored for those individuals with diabetic emergencies, such as diabetic ketoacidosis (DKA) or hyperglycemic hyperosmolar states (HHS). When these diagnoses are being considered, or if BGs 500 mg/dL, an MD should be consulted for specific orders. Also, please notify an MD if the response to the insulin inflation is unassed or unexpected, or if any situation arises that is not adequately addressed by these guidelines.

Initiating an Insulin Infusion

L) INSULIN INFUSION: Mix 1 U Regular Human Insulin per 1 oc 0.9 % NaCl. Administer via infusion pump (in increments of 0.5 U/hr).

2.) PRIMING: Flush 50 cc of infusion through all IV tubing before infusion begins (to saturate the insulin binding sites in the tubing).

3.) TARGET BLOOD GLUCOSE (BG) LEVELS: 100-139 mg/dL

4.) BOLUS & INITIAL INSULIN INFUSION RATE: Divide initial BG level by 100, then round to nearest 0.5 U for bolus AND initial infusion rate. Examples: 1.) Initial BG = 325 mg/dL: 325 + 100 = 3.25, round † to 3.5: IV bolus 3.5 U + start infusion @ 3.5 U/hr.

2.) Initial BG = 174 mg/dL: 174 = 100 = 1.74, round 1 to 1.5: IV bolus 1.5 U + start infusion (ii) 1.5 U/hr.

Blood Glucose (BG) Monitoring

1.) Check BG hourly until stable (3 consecutive values within target range). In hypotensive patients, capillary blood glucose (i.e., fingersticks) may be inaccurate and obtaining the blood sample from an indwelling vascular catheter is acceptable.

2.) Then check BG q 2 hours; once stable x 12-24 hours. BG checks can then be spaced to q 4 hours IF:

a.) no significant change in clinical condition AND b.) no significant change in nutritional intake.

 If any of the following occur, consider the temporary resumption of hourly BG monitoring, until BG is again stable (2-3 consecutive BG values within target range):

a.) any change in insulin infusion rate (i.e., BO out of target range)

b.) significant changes in clinical condition

c.) initiation or cessation of pressor or steroid therapy

d.) initiation or cessation of renal replacement therapy (hemodialysis, CVVH, etc.)

e.) initiation, cessation, or rate change of nutritional support (TPN, PPN, tube feedings, etc.)

BG 75-99 medd. BG 100-139 medd. BG 140-199 medd.

Changing the Insulin Infusion Rate

If BG < 50 mg/dL: D/C INSULIN INFUSION

Give I amp (25 g) D50 IV; recheck BG q 15 minutes.

-- When BG at 100 mg/dL, wait 1 hour, then restart insulin infinion at 50% of original rate.

If BG 50-74 mg/dt.:

DAC INSULIN INFUSION If gamptomatic (or unable to assess), give 1 amp (25 g) D50 IV; recheck BG q 15 minutes.

If asymptomatic, give 1/2 Amp (12.5 g) D50 IV or 8 ounces juice; recheck BG q 15-30 minutes.

-- When BG a 100 mg/dL, wait I hour, then restart infusion at 75% of original rate.

If BiG is 75 mg/df.

STEP 1: Determine the CURRENT BG LEVEL - identifies a COLUMN in the table:

STEP 2: Determine the <u>RATH OF CHANGE</u> from the prior BG level - identifies a <u>CELL</u> in the table - Then move right for INSTRUCTIONS: (Note: If the last BG was measured 2-d hrs before the current BG, calculate the <u>hoppity</u> rate of sharge. Example - 15 mg/siL sharp last 170 mg/siL and the BG at 4PM is now 120 mg/siL, the total change over 2 hours is -30 mg/siL; the hours!) change is -30 mg/siL + 2 hours = -15 mg/siLOn.)

BG 75-99 mg/dL	BG 100-139 mg/dL	BG 140-199 mg/dL	BG a 200 mg/dL	INSTRUCTIONS*
		BG † by > 50 mg/dL/hr	BG †	† INFUSION by "2A"
	BG † by > 25 mg/dL/hr	BG † by 1-50 mg/dL/hr or BG UNCHANGED	BG UNCHANGED OR BG by 1-25 mg/dL/hr	† INFUSION by "A"
BG †	BG 1 by 1-25 mg/dL/br, BG UNCHANGED, OR BG 1 by 1-25 mg/dL/br	BG by 1-50 mg/dL/hr	BG by 26-75 mg/dL/hr	NO INFUSION CHANGE
BG UNCHANGED OR BG by 1-25 mg/dL/hr	BG by 26-50 mg/dL/hr	BG 4 by 51-75 mg/dL/br	BG ‡ by 76-100 mg/dL/br	; INFUSION by "A"
BG by > 25 mg/dL/hr	BG by > 50 mg/dL/hr	BG ‡ by > 75 mg/dL/hr	BG ‡ by > 100 mg/dL/hr	HOLD x 30 min, then INFUSION by "2A"

DVC INSULIN INFUSION; vBG q 30 min; when BG a 100 mg/Li, central minimizer (g) 75% of most record rate.

*CHANGES IN INFUSION RATE ("A") are determined by the current rate:

Current Rate (U/hr)	A = Rate Change (Ufbr)	2A = 2X Rate Change (Whr)
< 3.0	0.5	1
3.0 - 6.0	1	2
6.5 - 9.5	1.5	3
10 - 14.5	2	- 4
15 - 19.5	3	6
20 - 24 5	4	8
≥ 25	a 5	10 (consult MD)

Yale Insulin Protocol

Diana Guthrie, Richard Guthrie

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Insulin in Clinical Practice Mr. Rohit Manglik, 2024-05-24 Offers a clinical guide to insulin therapy in diabetes care Covers initiation titration and special population considerations Textbook of Critical Care Nutrition Subhal Bhalchandra Dixit, Kapil Gangadhar Zirpe, Atul Prabhakar Kulkarni, 2023-11-17 **Essentials of General Surgery and** Surgical Specialties Peter F. Lawrence, Jessica Beth O'Connell, Matthew R. Smeds, 2025-04-28 Combining general surgery and the specialties in one volume Essentials of General Surgery and Surgical Specialties 7th Edition focuses on the information all medical students need to know to pass the NBME surgery shelf or other surgery rotation examinations Lawrence's popular text offers concise high yield content and a smaller format ideal for study on the go Updated to reflect the latest advances in the field and enhanced practice questions this new edition provides the authoritative up to date content today s busy medical students need for exam success Cardiothoracic Critical Care Brigid Flynn, Natalia S. Ivascu, Vivek K. Moitra, Alan Gaffney, 2020-11-06 This text focuses on cardiothoracic critical care and covers guidelines for evidence based practice respiratory and metabolic physiology common hemodynamic perturbations ventricular failure and mechanical circulatory support devices All clinicians who care for cardiothoracic patients who are critically ill can find pearls of practice wisdom complemented by literature citations within this text Management of Diabetes Mellitus Diana Guthrie, Richard Guthrie, 2008-10-22 I strongly recommend this text Whether the reader is a relative novice or a seasoned veteran in diabetes care the information will prove useful and concise and will likely stimulate further reading and study House staff planning to rotate on my endocrine service should be forewarned Management of Diabetes Mellitus A Guide to Pattern Management is now required reading JAMA Praise for the previous edition I recommend this book to nurses or physicians confronting patients afflicted with diabetes mellitus as it presents a patterned approach to the understanding and management of this malady Any patient with diabetes mellitus or health care professional using the information presented by these experts would be well prepared to manage this disease process Gloria K Twilley Lieutenant Colonel United States Air Force Nurse Corps The sixth edition of Management of Diabetes Mellitus fully reorganizes and expands upon the previous editions While the new edition continues to set forth practical and easy to use guidelines for management the newly expanded chapters contain detailed information on managing patients with different types of diabetes type 1 and type 2 and further differentiates treatment and management strategies for various age groups This edition also offers clear and concise explanations of the disease process newly revised guidelines for the use of complementary and alternative therapies and a guide for developing an educational program Guthrie and Guthrie also stress the importance of self management of diabetes as much of this edition is dedicated to educating the diabetic patient on how to provide self care and control both acute and chronic complications of the disease For the convenience of practitioners and diabetic patients themselves this book contains reproducible forms protocols and guides that can be used for managing diabetes including Nutrition questionnaires Meal

patterns comparing exchanges Carb Counting and Calorie Points Sample Calorie Point Distributions Exercise Log Intake Assessment Guide Clinical Practice Recommendations A guide to the pattern approach Diabetes, An Issue of Critical Care Nursing Clinics Celia Levesque, 2013-03-28 This issue of Critical Care Nursing Clinics Guest Edited by Celia Levesque RN MSN NP C CNS BC CDE BC ADM from MD Anderson will focus on Diabetes Article topics will include Management of Diabetes in the Clinical Setting Hyperglycemia management after solid organ transplantation Insulin therapy in the hospitalized patient Limb salvage for Vetrans with diabetes and Management of steroid induced hyperglycemia in the ICU

Therapy for Diabetes Mellitus and Related Disorders Guillermo E. Umpierrez, 2014-06-02 Nearly 100 of the world s leading medical researchers and clinicians share their expertise on the diagnosis treatment and care of people with diabetes mellitus This newly revised sixth edition is a comprehensive guide to type 1 type 2 and gestational diabetes New diabetes treatment strategies include medical nutrition therapy with diabetes diet and exercise programs This guide covers the latest research on diabetes medication and technology with insulin pump therapy insulin secretagogues incretin mimetics and medications for obesity as well as advances in diabetes prevention Family care topics include diabetes in pregnancy diabetic ketoacidosis childhood obesity and type 2 diabetes in children Other topics include glycemic control diabetes complications and comorbidities diabetes mellitus therapy in different patient groups and much more This is an excellent resource for physicians seeking to provide the most current treatment for their patients Therapy for Diabetes Mellitus and Related Disorders is the most comprehensive clinical reference work available on the disease Comprehensive Hospital Medicine E-Book Mark V. Williams, Scott A. Flanders, Winthrop Whitcomb, Steven Cohn, Frank Michota, Russell Holman, Richard Gross, Geno J. Merli, 2007-09-26 In the exciting and growing field of hospital medicine you re as concerned with the efficient management of your unit as you are the effective care of your patients This title is your ideal new clinical reference on both counts Nationally recognized experts equip you with practical actionable guidance on all of the challenges you face every day making it easier for you to provide optimal care for every patient State of the art evidence based hospital focused guidelines on clinical assessment diagnosis prognosis treatment and discharge follow up planning help you to effectively manage all of the key disorders in every body system 20 chapters focused on peri operative care assist you in navigating this increasingly important component of hospital medicine practice Expert advice on systems issues explores how to establish and enhance a hospitalist program provide leadership manage patient transitions of care establish a teamwork model with hospital staff promote patient safety and staff performance improvement standardize care and navigate legal and ethical concerns

<u>Diabetes Management in Hospitalized Patients</u> Rifka C. Schulman-Rosenbaum, 2024-01-18 As the diabetes epidemic continues to burden the healthcare system and with the literature supporting enhanced patient outcomes with improved glycemic control the need for expertise in the clinical management of inpatient diabetes is an increasingly important and timely matter While some books have been published on inpatient diabetes this guide serves as a comprehensive but

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wide range of problems Informs biomedical researchers of the modern data analysis methods that have developed alongside computer hardware Presents methods at the nuts and bolts level to identify and resolve a problem and analyze what the Essential Numerical Computer Methods Michael L. Johnson, 2010-11-25 The use of computers and computational methods has become ubiquitous in biological and biomedical research During the last 2 decades most basic algorithms have not changed but what has is the huge increase in computer speed and ease of use along with the corresponding orders of magnitude decrease in cost A general perception exists that the only applications of computers and computer methods in biological and biomedical research are either basic statistical analysis or the searching of DNA sequence data bases While these are important applications they only scratch the surface of the current and potential applications of computers and computer methods in biomedical research The various chapters within this volume include a wide variety of applications that extend far beyond this limited perception As part of the Reliable Lab Solutions series Essential Numerical Computer Methods brings together chapters from volumes 210 240 321 383 384 454 and 467 of Methods in Enzymology These chapters provide a general progression from basic numerical methods to more specific biochemical and biomedical applications. The various chapters within this volume include a wide variety of applications that extend far beyond this limited perception As part of the Reliable Lab Solutions series Essential Numerical Computer Methods brings together chapters from volumes 210 240 321 383 384 454 and 467 of Methods in Enzymology These chapters provide a general progression from basic numerical methods to more specific biochemical and biomedical applications

Monitoring in Neurocritical Care E-Book Peter D. Le Roux, Joshua Levine, W. Andrew Kofke, 2013-02-01 Ideal for neurosurgeons neurologists neuroanesthesiologists and intensivists Monitoring in Neurocritical Care helps you use the latest technology to more successfully detect deteriorations in neurological status in the ICU This neurosurgery reference offers in depth coverage of state of the art management strategies and techniques so you can effectively monitor your patients and ensure the best outcomes Understand the scientific basis and rationale of particular monitoring techniques and how they can be used to assess neuro ICU patients Make optimal use of the most advanced technology including transcranial Doppler sonography transcranial color coded sonography measurements of jugular venous oxygen saturation near infrared spectroscopy brain electrical monitoring techniques and intracerebral microdialysis and techniques based on imaging Apply multimodal monitoring for a more accurate view of brain function and utilize the latest computer systems to integrate data at the bedside Access practical information on basic principles such as quality assurance ethics and ICU design Surgical Metabolism Kimberly A. Davis, Stanley H. Rosenbaum, 2020-04-15 The goal of this book is not to follow a traditional systems or organ based approach but rather to encourage our readers to think of the patients as complex biochemical systems The book provides information that supplements the more traditional approaches and provides a detailed overview of the metabolic knowledge needed for surgical practice The text reviews normal physiology the pathophysiology of starvation and

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Care Syndrome and Postintensive Care Syndrome Family 47 Closed Loop Hemodynamic Resuscitation In Shock 48 Is Electrical Impedance Tomography Finally Here to Stay 49 Cardiac Output Measurement Capnodynamic Method and Auto VTI Tool 50 What's New in Glucose Management Technologies for the Critically ill 51 Vitamins and Trace Element Supplementation for Critically Ill Patients in 2022 Index Principles and Practice of Hospital Medicine, Second Edition Sylvia C. McKean, John J. Ross, Daniel D. Dressler, Danielle Scheurer, 2016-10-22 The leading textbook of hospital medicine completely updated to reflect today s challenges A Doody s Core Title for 2021 Since its publication in 2012 Principles and Practice of Hospital Medicine Second Edition has become the field s premier resource Comprehensive authoritative and practical this landmark text provides a solid grounding in clinical organizational and administrative areas central to the practice of hospital medicine The Second Edition has been completely updated to reflect the evolving practice responsibilities of hospitalists Examples include value based medicine expanded surgical content bedside clinical reasoning and a new segment devoted to rehabilitation and skilled nursing care This edition also features a more accessible and streamlined full color design enriched by more than 600 illustrations Each clinical chapter opens with boxed Key Clinical Questions that are addressed in the text and summarized in hundreds of tables Case studies demonstrate how to apply this information specifically to the management of hospitalized patients Representing the expertise of more than two hundred renowned contributors Principles and Practice of Hospital Medicine Second Edition is logically divided into six sections The Specialty of Hospital Medicine and Systems of Care Medical Consultation Rehabilitation and Skilled Nursing Care The Approach to the Patient at the Bedside Diagnostic Testing and Procedures Clinical Conditions in the Inpatient Setting Principles and Practice of Hospital Medicine Second Edition is essential reading for clinicians who strive to optimize inpatient care and sharpen their leadership skills Biomedical Engineering Systems and Technologies Xuesong Ye, Filipe Soares, Elisabetta De Maria, Pedro Gómez Vilda, Federico Cabitza, Ana Fred, Hugo Gamboa, 2021-03-29 This book constitutes extended and revised versions of the selected papers from the 13th International Joint Conference on Biomedical Engineering Systems and Technologies BIOSTEC 2020 held in Valletta Malta in February 2020 The 29 revised and extended full papers presented were carefully reviewed and selected from a total of 363 submissions The papers are organized in topical sections on biomedical electronics and devices bioimaging bioinformatics models methods and algorithms bio inspired systems and signal processing health informatic

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Table of Contents Yale Insulin Protocol

- 1. Understanding the eBook Yale Insulin Protocol
 - The Rise of Digital Reading Yale Insulin Protocol
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Yale Insulin Protocol
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Yale Insulin Protocol
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Yale Insulin Protocol
 - Personalized Recommendations
 - Yale Insulin Protocol User Reviews and Ratings
 - Yale Insulin Protocol and Bestseller Lists
- 5. Accessing Yale Insulin Protocol Free and Paid eBooks
 - Yale Insulin Protocol Public Domain eBooks
 - Yale Insulin Protocol eBook Subscription Services
 - Yale Insulin Protocol Budget-Friendly Options
- 6. Navigating Yale Insulin Protocol eBook Formats

- o ePub, PDF, MOBI, and More
- Yale Insulin Protocol Compatibility with Devices
- Yale Insulin Protocol Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Yale Insulin Protocol
 - Highlighting and Note-Taking Yale Insulin Protocol
 - Interactive Elements Yale Insulin Protocol
- 8. Staying Engaged with Yale Insulin Protocol
 - o Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Yale Insulin Protocol
- 9. Balancing eBooks and Physical Books Yale Insulin Protocol
 - Benefits of a Digital Library
 - o Creating a Diverse Reading Collection Yale Insulin Protocol
- 10. Overcoming Reading Challenges
 - $\circ\,$ Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Yale Insulin Protocol
 - Setting Reading Goals Yale Insulin Protocol
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Yale Insulin Protocol
 - Fact-Checking eBook Content of Yale Insulin Protocol
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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