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 note 120 mg/siL, the total change over 2 hours is -30 mg/siL; the hourly change is -30 mg/siL + 2 hours = -15 mg/siLOr.)

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**

Joon Ha, Stephanie Therese Chung, Melanie Cree-Green, Cecilia Diniz Behn

#### **Yale Insulin Protocol:**

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<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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Unveiling the Energy of Verbal Artistry: An Psychological Sojourn through Yale Insulin Protocol

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