BLOOD GLUCOSE (BG) ON ARRIVAL IN ICU

>11.1 mmol/L	Start insulin at 2-4 U/hr
11,1 - 6,1 mmol/L	Start insulin at 1-2 U/hr
<6,1 mmol/L	Do not start insulin

MEASURE BG EVERY 1 – 2 HOUR, UNTIL 4.4 – 6.1 MMOL/L

>7,8 mmol/L	Increase Insulin by 1 – 2 U/hr
6,1 - 7,8 mmol/L	Increase Insulin by 0.4 – 1 U/hr

MEASURE BG EVERY 4TH HOUR

Close to target?	Adjust Insulin by 0.2 – 0.6 U/hr
4,4 - 6,1 mmol/L	No action

MEASURE BG WITHIN ONE HOUR

Sudden decrease (>50%)	Halve the Insulin dose
3,3 - 4,4 mol/L	Reduce Insulin dose
2,2-3,3 mmol/L	Stop Insulin, check glucose infusion lines, pumps and bags
<2,2 mmol/L	Stop Insulin, check glucose lines, pumps and bags. Give bolus of 20 ml glucose 50% (500mg/ml). Check BG and repeat bolus as needed.

ALGORITHM FOR STRICT GLUCOSE CONTROL

- Consult physician if BG >20 mmol/L or <2.2 mmol/L or if you have to divert from the algorithm
- Beware fluctuations in insulin demands as patient medical status improves or deteriorates.
- Stop Insulin when nutrition is interrupted (e.g. tracheotomy, CAT-scan etc)
- Beware medications that may affect your patients BG, e.g. beta-blockers, steroids, ACE-inhibitors and thyroid hormones.
- BG ≤ 11mmol/L without insulin is accepted when admitting your patient to the ward.

This is a guide; Insulin administration must always be guided by common sense and adjusted according to the patients individual condition.

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