East Sussex Healthcare	NHS
NHS Trust	

Ward	Consultant	Admission Date
	Patient Details	

Intravenous Insulin Prescription and Fluid Protocol FOR ACUTE CORONARY SYNDROME (ACS)

For use for **ALL ADULT** patients admitted with Acute Coronary Syndrome receiving Variable Rate Intravenous Insulin Infusion (VRIII)

NOT FOR USE IN CHILDREN

NEVER use an IV syringe to draw up insulin ALWAYS draw up insulin using an insulin syringe ALWAYS continue subcutaneous basal insulin

Patient Please attach ad			
Surname	First Name		
Hospital Number	NHS Number	r	
Address			Date of Birth / Age

		Dosing A	Algorithm	
Algorithm →	1	2	3	4
CBG Levels (mmol/L) ♣	Infus	ion Rate (Units/hr =	ml/hr)
<4	STOP		recheck Cl utes)	3G in 10
4.0 - 6.0	0.2	0.5	1	1.5
6.1 - 6.6	0.5	1	2	3
6.7 - 8.2	1	1.5	3	5
8.3 - 9.9	1.5	2	4	7
10 - 11.6	•	3	5	9
11.7 - 13.2	2	4	6	12
13.3 - 14.9	3	5	8	16
15 - 16.6	3	6	10	20
16.7 - 18.2	4	7	12	24
18.3 - 19.9	4	8	14	28
>20	6	12	16	32
Signed				
Print Name				
Date				

Algorithm Guide

For use with **ALL ADULT** patients with hyperglycaemia (defined as plasma blood glucose >11 mmol/l) and diagnosed with acute myocardial infarction (STEMI and NSTEMI)

regardless of previous diabetic status

FOR DKA, HHS and Surgery/NBM - Please refer to separate chart

Algorithm 2 Starting point for Acute Coronary Syndrome (ACS)

Algorithm 3 For patients not controlled Algorithm 2

No patient starts here without medical review

Algorithm 4 For patients not controlled on algorithm 3

No patient starts here

Patients not achieving control with these algorithms need medical review

Conquest: Bleep 2681 or 2969 EDGH: Bleep 0964 or 0867

Out of Hours: Contact the team responsible for the patient

Target CBG Levels 4-11 mmol/l

Check CBG every hour whilst on IV insulin

Move Up if the CBG is> 12 mmol/l and has not reduced by at least 3mmol/L in 1 hour

Move Down when CBG is < 4mmol/L

Drug	-		D 1	Doctor's	5.1	SYR	INGE PREPA	RATION	
(approved name)	Dose	Volume	Route	Signature	Date	Prepared & administered by	Date	Time start- ed	Time stopped
HUMAN ACTRAPID	50	Made up to 50ml with SODIUM	IV						
INSULIN	UNITS	(1 UNIT per ml)							

INTRAVENOUS FLUID MANAGEMENT Prescribe Intravenous fluids on the Intravenous Fluid Prescription Chart (see over)

Fluid of choice Glucose 10% with Potassium Chloride 0.15% (10mmol) 500ml to run at 30ml/h unless:

ACS with Initial CBG > 12mmol/L

Start with 1 litre Sodium chloride 0.9% with Potassium Chloride 0.15% (20mmol) to run at 30ml/hr

until CBG < 12mmol/l

When CBG < 12mmol/l change to Glucose 10% with Potassium Chloride 0.15% (10mmol) 500ml

to run at 30ml/hr

Do not change back if CBG subsequently exceeds 12mmol/L.

ACS with Hyperkalaemia Glucose 10% 1 litre to run at 30ml/hr

ACS with Fluid Overload Glucose 10% with Potassium Chloride 0.30% (40 mmol) 1 litre to run at 15ml/hr

(Add Potassium Chloride to the bag—see procedures for the prescribing, ordering,

storage, supply and administration of strong potassium solutions)

When eating and drinking consider restarting original insulin regimen

Maintain IV infusion for 30 minutes after re-starting original insulin regime—IV insulin has a 5 minute half life

Version 1 03/2014

					For i	nformation c param or conta	For information on dilutions, infusions rates, compatibilities and monitoring parameters, consult the Injectable Medicines Guide or contact Medicines Information (13) 3785 / (14) 7067	ns rates, co Injectable rmation (1	ompatibilities Medicines G 3) 3785 / (14	and mo	onitorin	Ŋ
Date	Solution	Volume	Additives and dose	Rate	Duration	Route and line	Prescriber signature & bleep	Batch no.	Given by 2nd Check	Time started	Time stopped	Pharm & Supply notes