East S	usse	ex H	leal	thca NHS	a r Tru	re N	HS	<b>1</b>	Nard	Consult	ant	Admiss	sion Date
Intravenou							col			Patient			
FOR DIABE					-		шеγ	S		attach add	First Name	ph label	
For use for AL Insulin Infusio							venous	н	lospital Number		NHS Numbe	r	
NOT FOR US	E IN CH	ILDRE	N						Address				Date of Birth /
NEVER use a ALWAYS drat					nge								Age
ALWAYS cor													
		Dosing /	Algorithm						Algorithm C	Guide			
Algorithm 🜩	1	2	3	4		Fo	r use w	vith A	LL ADULT patier	nts for the	manage	ement of	
CBG Levels	Infusi	on Rate (	Units/hr = n	nl/hr)			and I		Diabetic Keto-Acio rosmolar Hypergl				
(mmol/L) <b>↓</b> <4	STOP II		recheck CB	G in 10		Algorithm 1			nt for Hyperosmolar H	·	•		
4.0 - 6.0	0.2	min 0.5	utes) 1	1.5	ſ	agonunn i	To co	ommei	nce ONLY if significa	ant ketonae	emia (>1) o	or ketonur	ia (>++)
6.1 - 6.6	0.5	1	2	3	A	Algorithm 2	Starti	ng poir	nt for Diabetic Keto-A	cidosis <b>(DK</b>	A)		
6.7 - 8.2	1	1.5	3	5					ntrolled on Algorithm				
8.3 - 9.9	1.5	2	4	7	Δ	Algorithm 3			not controlled Algorit				
10 - 11.6	2	3	5	9					starts here without r		view		
11.7 - 13.2	2	4	6	12		Algorithm 4			s not controlled on Alg starts here	ontrim 3			
13.3 - 14.9	3	5	8	16		Patien			ng control with these	e algorithm	is need m	edical revi	iew
15 - 16.6		6	10	20	c	Conquest: Blee				-	leep 0964		
16.7 - 18.2	4	7	12	24					rs: Contact the team				
18.3 - 19.9	6	8 12	14	28 32					Target CBG Levels	4-12 mmol	/I		
>20 Signed	0	12	16	32				Chec	ck CBG every hour w	/hilst on IV	insulin		
Print Name					N	<b>love Up</b> if the C	BG is> 1	12 mm	ol/l and has not reduc	ed by at lea	ast 3mmol/	L in 1 hour	
Date						<b>/love Down</b> whe				1			
Duit													
Drug (approved	Dose	Ne	olume	Rout	to	Doctor's	Dat	ha	5	SYRINGE P	REPARA	ΓΙΟΝ	
name)	Duse		June	Rou	ie.	Signature	Da	le	Prepared & administered by	, Da	ate Ti	me start- ed	Time stopped
		Made	up to 50ml										
HUMAN ACTRAPID	50 UNITS	with	SODIUM RIDE 0.9%	IV									
INSULIN	oniro		IT per ml)										
				INTE	RA۱			<b>IAN</b>	AGEMENT	<b>!</b>			
				us fluid	ls (	on the Intra	ivenoi	us Fl	luid Prescriptic				
	CAUT	ION: [	OKA: SIC	ower in	ag	le, youth h	eart di	seas	se; HHS: Heart	failure a	and eld	erly	
Saline R			Chlorid			th KCI as pe ete	r		Glucose Infuse wit				
If CBG >12 mmo	I/I 1 litr	e over on	e hour					If CB	<b>G &lt;12 mmol/l</b> Gi	ive 10% De	xtrose to ru	un at 125 n	nls/hr <b>AND</b>
	1 L o	over 2 hrs	, 1 L over 2	hrs, 1 L o	ver	2 hrs			Co	ontinue 0.9	% Saline	as per Sali	ine Regime
	1 litr	e over 8 h	ours in the	next 24 ho	ours	+ losses			R	un through 2	2 separate	lines at the	e SAME time
		Add F							elow <b>EXCEPT</b> fo		bag		
			lf K+ >6.0, (	or if K+ >5	.5 &	no urine yet, N	ONE unt	il insul	lin under way; re-chec	k at 1-2h			
			li	K+ 4.0 t	o 5.9	9 (or 5.4 if no u	ine), 20 i	mmol I	KCI per litre (0.15%)				
		lf K	+ <4, 40 mi	mol KCI pe	er liti	re (0.30%) (abs	olute ma	ximum	rate 1 litre/h, controlle	er essential	)		
Maintair	ı IV infu								g original insulir ılin regime—IV iı			nute ha	lf life
						Version 1		/2014					

Patient	Patient Name & Hospital Number	nber		Infusions	<i>y</i> ,							
					For i	nformation o 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, c Injectable rmation ('	ompatibilities Medicines G 13) 3785 / (14	and mo uide ) 7067	pnitorin	G
Date	Solution	Volume	Additives and dose	Rate	Duration	Route and line	Prescriber signature & bleep	Batch no.	Given by 2nd Check	Time started s	Time stopped	Pharm & Supply notes