

## **INSULIN SLIDING SCALE REGIMES**

All of these regimes have the caveat that they are guidance and should be altered according to patient response i.e. how fast their glucose drops. There are many variations and I'm not sure any are evidenced except Digami. Just thought I'd try and cover all eventualities.

### **Regimes for hyperglycaemia in DKA.**

Aim is to bring glucose down by a maximum of 5 mmol/l/hr, until ketoacidosis is resolved.

50 U of soluble insulin in 50ml of Normal Saline- discard initial 10mls as insulin is adsorbed onto the tubing.

<b>Blood glucose mmol/l</b>	<b>Insulin rate (u/hr)</b>	<b>iv fluid</b>
>15	6	Normal saline
10-15	3	5% dex
5-10	1	5% dex
<5	0.5	5% dex

Paediatrics-same solution (although some suggest half strength esp. if <20kg)

<b>Blood glucose mmol/l</b>	<b>Insulin rate</b>	<b>iv fluid</b>
> 12	0.1ml/kg/hr	Saline
>7	0.05 ml/kg/hr	0.45% saline + 5% dex
<7	0.05 ml/kg/hr	0.45% saline +5% dex

No initial bolus of insulin. Should rate of BM drop be greater than 5mmol/kg/hr half the rate of insulin infusion.

### **Regimes for pre-op/ starved patients. (adults)**

<b>BM mmol/hr</b>	<b>IV sol insulin</b>	<b>iv fluid</b>
>28	8u/hr	Saline
17-28	4u/hr	Saline
11-16.9	3u/hr	Saline
9-10.9	2u/hr	5% dex
6.5-8.9	1u/hr	5%dex
2.0-6.4	0.5u/hr	5% dex

<2	None- give 50mls 50% glucose.	5% dex
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**HONK insulin regime.**

Aim is to reduce BM by 3mmol/hr.

<b>BM mmol</b>	<b>iv insulin</b>
>17	4
11.1-17	3
7.1-11	2
4.1-7	1
<4	0

**DIGAMI post MI regime.**

If glucose is > 11 mmol, or known diabetic post MI. Reduces mortality by 30% in first year and 11% at 3.5 year FU. Use for first 24hours or until BM's stable. No comment on fluids.

<b>BM mmol/hr</b>	<b>Insulin rate</b>
>20	6
17.1-20	5
14.1-17	4
11.1-14	3
7.1-11	2
4.1-7.0	1
0-4	0 if appropriate treat hypoglycaemia