

Prescription for Variable Rate Regimens of IV Insulin

This is the guidance to be followed when monitoring and adjusting rates of Continuous Variable Rate IV Insulin Infusions (CVRIII)

Please note: It may be clinically appropriate to continue the patient's usual basal insulin. Basal insulins are Detemir (Levemir[®]), Glargine (Abasaglar[®], Lantus[®], Semglee[®], Toujeo[®]) Degludec (Tresiba[®]), and Isophane insulin (Insulatard[®], Hypurin[®], Humulin I[®], Insuman[®])

Capillary Blood Glucose (mmol/L)	Reduced rate for use in insulin sensitive patients e.g. <24 units per day (ml/hour)	Standard rate i.e. the first choice in most patients (ml/hour)	Increased rate for patients with insulin resistance e.g. >100 units per day (ml/hour)
Less than 4.0	0	0	0
4.1 to 8.0	0.5	1	2
8.1 to 12.0	1	2	4
12.1 to 16.0	2	4	6
16.1 to 20.0	3	5	7
20.1 to 24.0	4	6	8
More than 24.1	6	8	10

- Monitor CBG every hour. If four consecutive readings are within the target range 7.0 to 11.0 mmol/L you may reduce frequency to 2 hourly monitoring. Return to hourly monitoring if CBG is outside this range.
- If CBG is not optimised between 7.0 and 11.0mmol/L and running high after 4 hours, consider changing to the next higher scale.
- In the event of a patient having a hypoglycaemic episode (CBG less than 4.0mmol/L) stop the CVRIII for a maximum of 20 minutes. Treat the episode as appropriate, and then once CBG is above 4.0mmol/L restart at a reduced scale within 20 minutes. Increase the frequency of CBG monitoring to every 15 minutes until 3 consecutive readings of 4.1mmol/L or greater are obtained. Resume hourly monitoring thereafter.
- Monitor blood glucose every 2 hours for the first 24 hours after stopping CVRIII and commencing the patient's usual diabetes regimen.

The information above has been adapted from Appendix 2 of WAHT-END-011 version 4 and the input from Diabetes Specialist Nurses that was included in previous versions of this document.