



Name: _____
 Date of Birth: DD / MM / YYYY
 MRN _____
 Number: _____
 NHS

Prescription For Variable Rate Insulin Infusion (VRII)

Hospital

Ward

Insulin Prescription	
50 units of ACTRAPID drawn up using an insulin syringe made up to 50mL with 0.9% sodium chloride and infused intravenously via 50mL syringe driver. Run the insulin and glucose infusions through the same venflon using a Vygon extension set (code 832.04) or current equivalent.	
Signed (doctor)	Name (capitals)
Bleep	Date

Record of syringes given		
Date	Time	Sign and Print Name

Adjust insulin infusion rate to achieve glucose levels between 6-10mmol/mol (acceptable range 4-12mmol/l)
 This must not be used for Diabetic Ketoacidosis (DKA) or Hyperosmolar Hyperglycaemic State (HHS).

This regime should not be used in patients under 16yrs. Seek paediatric / anaesthetic advice.

Insulin infusion U/hour (=mL/hour)					General Guidance
Date	Reduced Rate	Standard Rate	Increased Rate	Alternative rate	
<4.0	0*	0*	0*		Start on STANDARD RATE and adjust based on response. Use reduced rate for patients on <24 units per day of insulin and increased rate for patients on >100 units per day. If CBG > 12mmol/l and not falling on two consecutive occasions increase infusion rate to the next scale. Seek advice if already on the increased rate.
4.1 – 8.0	0.5	1	2		
8.0 – 12.0	1	2	4		
12.1-16.0	2	4	6		
16.1 -20.0	3	5	7		
20.1-24.0	4	6	8		
>24.1	6	8	10		
Signature					Do not stop basal insulin

***treat hypoglycaemia and once CBG >4.0 restart iv insulin within 20 minutes**

Give 1000mL of 5% glucose if capillary blood glucose less than 15mmol/L or 1000mL of 0.9% Sodium Chloride if capillary blood glucose more than 15mmol/L. 40 mmol/L KCL per 1000 mL of these fluids may be prescribed if K+3.5-5.5mmol/l

Fluid Prescription Chart

	Date	Fluid (use block letters)	Vol.(mL)	Route of admin.	Dur of admin	Signature	Serial no.	Time begun	Given by
		Additive drug	Dose (mg)				Batch no.		Checked by
A									
B									
C									
D									

Date: / /

Time	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24
Blood Glucose (mmol/L)																								
Units of Insulin/hr																								
Syringe Volume																								
Initials																								
Ketones																								

Date: / /

Time	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24
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Initials																								
Ketones																								

To stop i.v. insulin:

With food only: give rapid acting insulin (Novorapid, Apidra, Humalog etc..) and stop the i.v. insulin 30 minutes after the rapid acting insulin has been given unless instructed to do so otherwise by a doctor