

## FOR PHYSICIAN REFERENCE ONLY

### OB DIABETES GUIDELINES

Subcutaneous LISPRO dosing:

For one-time attempt to get elevated BG under 120. If this fails, start IV insulin drip.

BG (mg/dl)	Low Dose Correction For pts requiring $\leq 40$ units of insulin/day.	Medium Dose Correction For pts requiring 40-80 units of insulin/day.	High Dose Correction For pts requiring $> 80$ units of insulin/day
121-160	1	1	2
161-220	2	3	4
221-270	3	5	6
271-320	4	7	8
$> 320$	5	9	10

Initial IVF and Regular IV Insulin Drip Dosing:

Blood glucose (mg/dL)	Intravenous fluids	<b>INITIAL</b> insulin drip rate
$< 70$	Refer to Management of Hypoglycemia	
70-120	D <sub>5</sub> LR at 125 mL/hour	0
121-140	D <sub>5</sub> LR at 125 mL/hour	0.5 units/hour
141-180	LR at 125 mL/hour	1 unit/hour
181-200	LR at 125 mL/hour	1.5 units/hour
201-240	LR at 125 mL/hour	2 units/hour
$> 240$	LR at 125 mL/hour	2.5 units/hour

REGULAR insulin DRIP adjustments when BG not at goal:

Blood glucose (mg/dL)	Change in Insulin drip rate
$< 70$	Refer to Management of Hypoglycemia
70-89	Decrease infusion by 0.5 units/hour
90-120	No change in infusion
121-150	Increase infusion rate by 0.3 units/hour
151-180	Increase infusion rate by 0.5 units/hour
181-220	Increase infusion rate by 0.7 units/hour
$> 220$	Increase infusion rate by 1 unit/hour.

**NOT A PERMANENT PART OF THE MEDICAL RECORD**