

Reorder code: WMT261G

MULTIPLE VRIII CHARTS

CHART OF

Hospital:
Ward:
Cons.:
Date: / / 20

VRIII
Variable Rate Intravenous Insulin Infusion
Medical reason (see intranet guidance)
Surgical Pre-Assessment Clinic (PAC) plan - VRIII
'Quick Reference Guide' used
Other:

Please tick reason

Name:
HOSP N.O: ADDRESOGRAPH
D.O.B:

INSTRUCTIONS	PRESCRIBERS	NURSES
	<ol style="list-style-type: none"> Write ALL usual diabetes medications in Drug Chart and Insulin Chart Record VRIII as a supplementary chart on Drug Chart If the patient is on LONG ACTING INSULIN prescribe 0.8 x normal dose (round down to nearest unit) Omit all other diabetes medication (see (3.) above) Prescribe Fluid on FLUID PRESCRIPTION (below) Prescribe VRIII on VRIII PRESCRIPTION (page 3) Daily U+E's, change fluid as appropriate Discuss how and when VRIII to be stopped 	<ol style="list-style-type: none"> Ensure every section of chart is appropriately completed Sign for each fluid on FLUID RECORD (below) Sign for each syringe of insulin on INSULIN RECORD (page 3) Fluids must be administered through an IV pump VRIII must always be given alongside pumped fluid containing glucose or dextrose VRIII and Fluids must not be disconnected (eg peri-operatively) VRIII can continue beyond 24 hrs, do not stop for doctor review Usual diabetes medication and a meal must be given one hour before VRIII is stopped

WHICH FLUID TO USE FOR A FOR A VRIII

All fluids must contain glucose or dextrose and be run through an IV pump

STANDARD FLUID	ALTERNATIVE FLUIDS <i>To be prescribed by an experienced clinician and reviewed regularly</i>			
1 st choice in most patients	K > 6 mmol/L	K < 4 mmol/L	If repeatedly hypoglycaemic despite VRIII Reduced Protocol	Customised Fluid <i>To be used by diabetes team</i>
0.45% NaCl + 5% Dextrose + 0.15% KCL or 'STANDARD'	0.45% NaCl + 5% Dextrose	0.45% NaCl + 5% Dextrose + 0.3% KCL	10% Glucose + 0.15% KCL	Prescribe on: FLUID PRESCRIPTION
100 ml/hr	100 ml/hr	100 ml/hr	100 ml/hr	

Prescribed fluids are continuous (eg: as many bags required until VRIII stopped or prescription changed)

FLUID PRESCRIPTION AND RECORD

Check electrolytes daily and change fluid as appropriate

PRESCRIPTION				RECORD			
Date	FLUID	ml/hr	Sign	Date	Time	Nurse Prep.	Nurse Chk.
<i>Prescribed fluids are continuous at 100 ml/hr (unless specified)</i>							

TREATING HYPOGLYCAEMIA (ON VRIII) = CBG < 4 mmol/l

NURSE LED TREATMENT

Call for **HELP** + Stop IV Insulin + Check A-B-C

Is patient asymptomatic or suitable for oral glucose - 4 glucose tablets or 2 glucose gels

Is patient symptomatic or NBM:

IV access secured

- Give 20% Glucose 100 mls IV Stat
- Check CBG every 15 mins
- If CBG < 4 mmol/L, repeat 20% Glucose IV up to 3 times (4 Boluses in total)

OR... If NO time to secure IV ACCESS

- 1 mg Glucagon IM once + Secure IV access
- Give 20% Glucose 100 mls IV Stat + Check CBG every 15 mins
- If CBG < 4 mmol/L, repeat 20% Glucose IV up to 3 times (4 Boluses in total)

Restart VRIII once CBG>4, run VRIII at 0.2 ml/hr for 1 hour, after 1 hour follow a reduced VRIII protocol (i.e. IN to ST)

CONTINUED TREATMENT

- If persistent Hypoglycaemia after 3 boluses of 20% Glucose:
 - URGENT** Medical or Diabetes Team review
- If Hypoglycaemia occurs with **Reduced** VRIII protocol use 10% Glucose + 0.15% KCL (page 1)

20% GLUCOSE BOLUS			Date	Time	Sign	Date	Time	Sign	GLUCAGON			Date	Time	Sign
100 ml	IV	BOLUS							1 mg	IM	Once in 24 hrs			
As per treating HYPOGLYCAEMIA						As per treating HYPOGLYCAEMIA						Once in 24 hrs		
Sign			Date			Sign			Date					

TREATING HYPERGLYCAEMIA (ON VRIII) = CBG > 12 mmol/L

INITIAL TREATMENT

Check Urinary or Blood ketones

- If Urinary ketones ≥ +++ or Blood ketones ≥ 3mmol/L
 - Follow DKA management guidelines
 - Urgent** Medical or Diabetes Team review, if applicable **Contact** Anaesthetist on list
- If Urinary ketones ≤ ++ or Blood ketones < 3mmol/L
 - If patient unwell - Medical Team review
 - Hourly Blood ketones and continue hourly CBG

CONTINUED TREATMENT

- If patient has CBG > 12 mmol/L despite VRIII for three hours
 - Consider changing to an increased VRIII protocol
- If persistent Hyperglycaemia
 - Medical Team or Diabetes Team review

RESTARTING USUAL DIABETES MEDICATION

- Patient must be able to eat and drink normally
- Usual diabetes medication and a meal must be taken **one hour before** VRIII is stopped
- If LONG ACTING INSULIN was omitted, then continue VRIII till next LONG ACTING INSULIN dose given or contact Diabetes Team
- Once VRIII stopped please refer to standard CBG monitoring
- If patient is new to insulin as part of an emergency procedure consult Diabetes or Medical Team before stopping VRIII
- If patient's CBG is outside the range of 4-14 mmol/L then consult Diabetes or Medical Team prior to discharge

USUAL DIABETES MEDICATION AND A MEAL MUST BE GIVEN ONE HOUR BEFORE VRIII IS STOPPED

