

PATIENTS WITH DIABETES ON INSULIN MUST ALWAYS HAVE A SOURCE OF INSULIN AND GLUCOSE or DEXTROSE or FOOD

Date	/	/	/	Time	hh:mm
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Capillary Blood Glucose Level mmol/L		CHECK CBG LEVELS HOURLY	
>24.1			
17 - 20.9			
15 - 16.9			
14 - 14.9			
13 - 13.9			
12 - 12.9			
11 - 11.9			
10.1 - 10.9			
9 - 10			
8.1 - 8.9			
7.1 - 8.0			
6 - 6.9			
5 - 5.9			
4.1 - 4.9			
3 - 4.0			
2 - 2.9			
1 - 1.9			
0 - 0.9			
Ketones (Urine + or Blood mmol/L)			
VRIII Protocol in use (A, B, C, 1, 2)			
Insulin infusion rate	mls/hr		
Volume to be infused	ml		
Fluid infusion rate	mls/hr		
Volume to be infused	ml		
Nurse's Signature			

IF CAPILLARY BLOOD GLUCOSE < 12 MMOL/L FOR TWO HOURS FOLLOW HYPERGLYCAEMIA GUIDELINES

IF CAPILLARY BLOOD GLUCOSE < 4.0 MMOL/L FOLLOW THE HYPOGLYCAEMIA GUIDELINES

USUAL DIABETES MEDICATION AND A MEAL MUST BE GIVEN ONE HOUR BEFORE VRIII IS STOPPED (SEE PAGE 4)

VARIABLE RATE INTRAVENOUS INSULIN INFUSION PROTOCOLS (mls/hr)

Select: Protocol according to instructions (page 1)
 USE CODE (in red) to prescribe VRIII opposite on **VRIII PRESCRIPTION AND INSULIN RECORD**

VRIII in labour target CBG 4-7 mmol/L	A Standard	B Increased >80 units/day	C Specialist advice
	1 Customised Specialist Advice	2 Customised Specialist Advice	

FOLLOW TREATING HYPOGLYCAEMIA GUIDELINES (page 4)				FOLLOW TREATING HYPERGLYCAEMIA GUIDELINES (page 4)			
< 4.0	0.2	0.5	1.0	1.0	2.0	3.0	4.0
4.0 - 5.5	0.5	1.0	1.5	2.0	3.0	4.0	5.0
5.6 - 7.0	1.0	1.5	2.0	2.5	3.0	4.0	5.0
7.1 - 8.0	1.5	2.0	2.5	3.0	4.0	5.0	6.0
8.1 - 11.0	2.0	2.5	3.0	4.0	5.0	6.0	7.0
11.1 - 14.0	2.5	3.0	4.0	5.0	6.0	7.0	8.0
14.1 - 17.0	3.0	4.0	5.0	6.0	7.0	8.0	
17.1 - 20.0	4.0	5.0	6.0	7.0	8.0		
>20.1	5.0	6.0	7.0	8.0			

VRIII PRESCRIPTION AND INSULIN RECORD

If in doubt continue VRIII till prescriber review

PRESCRIPTION	RECORD
USE CODE: A, B, C, 1, 2	49.5ml of 0.9% Saline with 50 units Actrapid® in a 50 ml syringe
VRIII CODE	VRIII SET UP
Date	Date
Time	Time
Sign	Prep.
	Chk.

- Use a line with anti-reflux and anti-syphon valve
- Prime line with 5ml before attaching to patient
- Starting syringe volume should be 45ml when first attached to patient
- Each new syringe must:
 - Start at 45mls
 - Be signed for on record opposite
 - Start before previous finished

IF CONTINUED BEYOND 24 HRS, DOCTOR REVIEW; CONTINUE WITH CLEAR RECORD OF TRANSFER TO NEW CHART