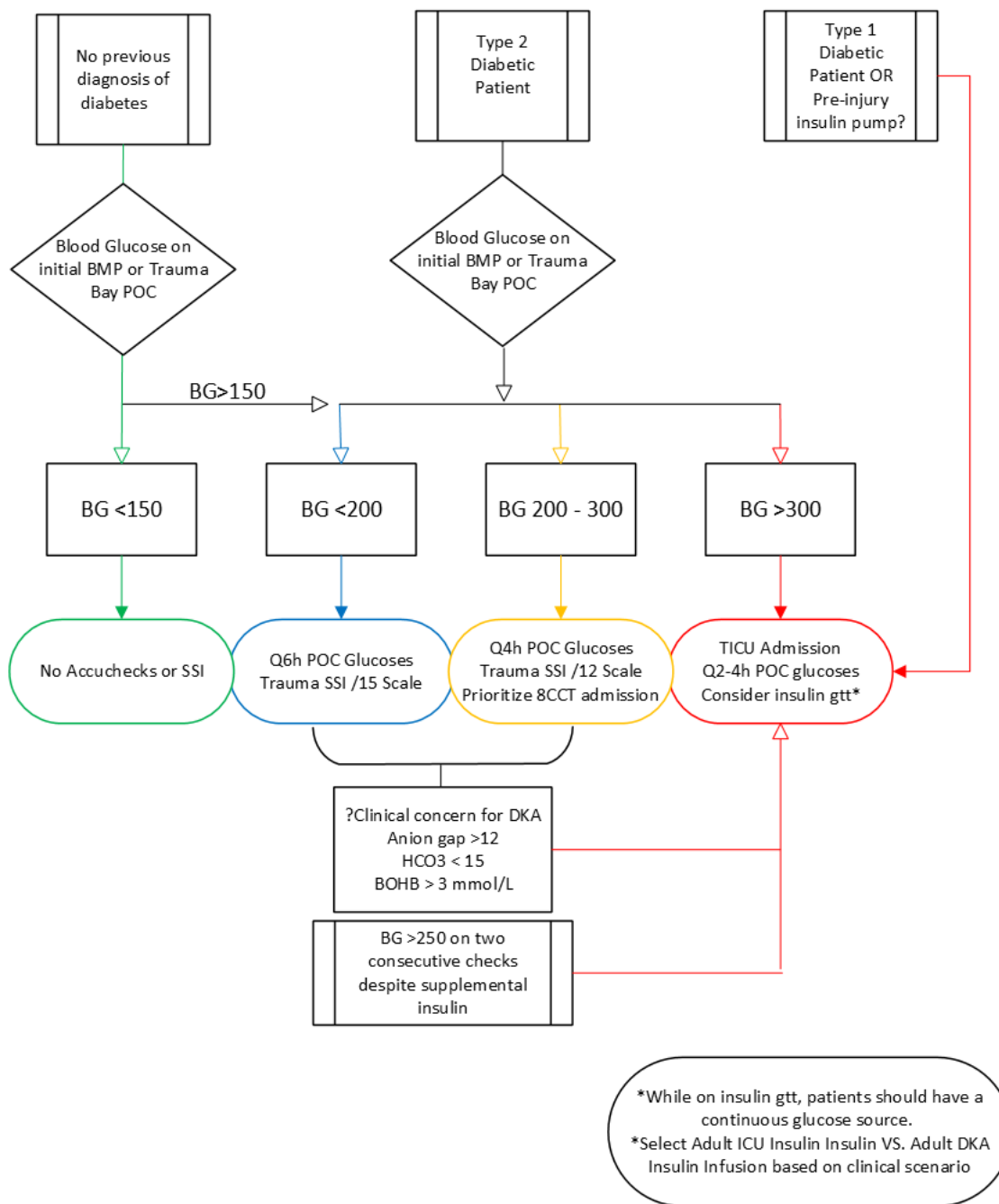
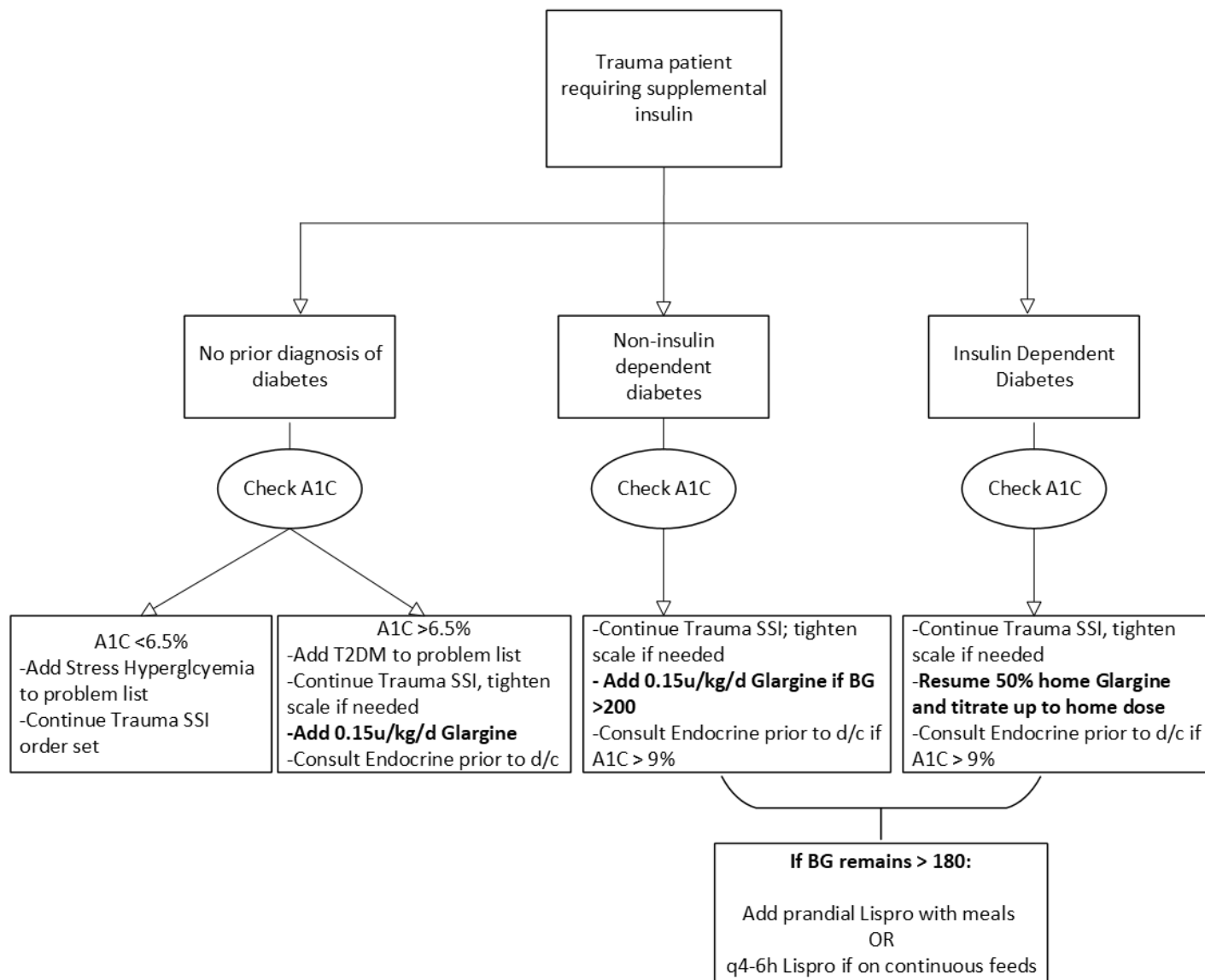


TRAUMA GLYCEMIC CONTROL PROTOCOL

Initial Management: Triage of Care and Initial Treatment



Euglycemic Management: Insulin



Calculating Basal and Prandial Insulin Regimen:

- Basal Dose Adjustment: $Basal\ Dose = \frac{Total\ insulin\ requirement\ over\ prior\ 24h}{2}$
- Receiving continuous tube feeds (in TICU): $Prandial\ Dose = \frac{Total\ insulin\ requirement\ over\ prior\ 24h}{2} \div 6$
- Receiving continuous tube feeds (on stepdown): $Prandial\ Dose = \frac{Total\ insulin\ requirement\ over\ prior\ 24h}{2} \div 4$
- Receiving carbohydrate-controlled diet: $Prandial\ Dose = \frac{Total\ insulin\ requirement\ over\ prior\ 24h}{2} \div 3$
- Ensure trauma SSI is ordered as /15 or /12 if adding prandial coverage.

Important Considerations:

- If NPO or tube feedings held, hold prandial insulin but continue basal and sliding scale insulin
- All patients with insulin orders need the hypoglycemia protocol off the order set
- SSI alone without basal insulin is not recommended for Type 1 and Type 2 Diabetes
 - USE CAUTION in patients with renal dysfunction, elderly, and those with large volume fluid shifts.
Recommend using lower insulin doses
- Consider discontinuing blood glucose monitoring and sliding scale insulin if BG remains ≤ 150 mg/dL AND tube feed goals met (or patient tolerating a diet) for 24 hours and off vasopressors

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***Last revised:** October 2025, March 2023, January 2020*

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