

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- **Insulin syringes MUST be used when drawing up insulin**
- **On most occasions, insulin is given by the subcutaneous route**
- For **single** patient use only (**not** to be used in multiple patients)
- When opening vial, attach patient addressograph to flag label, and write date of opening on label
- For Y-site compatibility [see below](#)
- See [prescription sheet](#)

**Insulin syringes must be used to draw up insulin- these are the orange-capped syringes, graduated in units**

## Available preparations

Actrapid 100 units per 1ml (i.e. 1,000 units in a 10ml vial)

NovoRapid 100 units per 1ml (i.e. 1,000 units in a 10ml vial)

## Reconstitution

Already in solution

## Infusion fluids

Sodium chloride 0.9%

## Methods of intravenous administration

**Continuous intravenous infusion using a syringe driver** (If a patient is being transferred between wards/units, the syringe driver must **not be disconnected**, but must be transferred with the patient)

- **Usual concentration** used is 50 units Actrapid insulin (draw up using insulin syringe) in 50ml Sodium chloride 0.9% ( **to produce a final concentration of 1 unit per ml**) <sup>(ref 2)</sup>
- Ensure that the needle injecting the insulin is longer than the injection port dead-space <sup>(ref 2)</sup>
- Invert the syringe several times after addition of insulin, to **ensure even distribution of the insulin** <sup>Å</sup>
- Before beginning the infusion, **prime the entire administration set with the prepared solution of insulin** <sup>(ref 3)</sup>

**Slow intravenous injection ([HYPERKALAEMIA](#)- as per hospital guidelines)** <sup>(ref 1)</sup>

- See under DOSE

## Dose in adults

**Usual dose**

- Rate adjusted according to blood glucose monitoring
- Generally 0.3 to 1 unit/kg/day
- See Q pulse guidelines on the use of intravenous insulin in
  - [Management of hyperglycaemia in the clinically unwell patient](#)
  - [Diabetic Ketoacidosis](#)

## Hyperkalaemia<sup>(ref 1)</sup>

- Insulin administration varies depending on baseline glucose and on renal function
- **See GUH guideline for hyperkalaemia management (adults) for full details.** Information below relates to the **Novorapid** aspect of the guideline only

| GUH guide to hyperkalaemia management (adults) |  |  |
|--|--|--|
| Blood glucose level                            | Glucose dose   | Insulin dose   |
| <b>Blood glucose less than 5mmol/L</b>         | Glucose 50% x 50ml over 15 minutes   | NO INSULIN   |
| <b>Blood glucose 5 to 14mmol/L</b>             | Add required dose insulin to 50ml Glucose 50% and administer over 15 minutes | eGFR <b>greater than</b> 30ml/min/1.73m <sup>2</sup> : NovoRapid insulin 10 units IV added to Glucose 50% 50ml over 15 minutes<br>Draw up Novorapid insulin using an <b>insulin syringe</b> (checking with another healthcare worker)                                |
|  |  | eGFR <b>less than</b> 30ml/min/1.73m <sup>2</sup> : NovoRapid insulin 5 units IV added to Glucose 50% 50ml over 15 minutes<br>Draw up Novorapid insulin using an <b>insulin syringe</b> (checking with another healthcare worker)                                    |
| <b>Blood glucose &gt;14mmol/L</b>              | No glucose   | eGFR <b>greater than</b> 30ml/min/1.73m <sup>2</sup> : NovoRapid insulin 10 units IV<br>Draw up Novorapid insulin using an <b>insulin syringe</b> (checking with another healthcare worker). Add to 10ml Sodium chloride 0.9%, mix well and administer as an IV push |
|  |  | eGFR <b>less than</b> 30ml/min/1.73m <sup>2</sup> : NovoRapid insulin 5 units IV<br>Draw up Novorapid insulin using an <b>insulin syringe</b> (checking with another healthcare worker). Add to 10ml Sodium chloride 0.9%, mix well and administer as an IV push     |

## Renal or hepatic impairment

- Insulin requirements may be reduced - monitor closely

## Further information

- Some loss of insulin can occur during intravenous administration using plastic infusion systems - to minimise this occurring **prime** line prior to infusion with a small quantity of insulin infusion, and monitor clinical response during infusion, including blood glucose<sup>(ref 3)</sup>
- Insulin is more often given by the subcutaneous route in GUH- see '**GUH Subcutaneous INSULIN & Glucose Monitoring record**' sheet
- [See also GUH policy on Prescribing, Storage and Administration](#)

## Storage

- Store between 2 to 8°C until the vial has been opened
- Once opened, the product should be stored at room temperature
- Do not freeze, either prior to opening, or when the vial is in use
- When opening vial, attach patient addressograph to flag label, and write date of opening on label
- Prepared infusion should be used within 24 hours

## References

Novorapid SPC 09/2020

Actrapid SPC 09/2020

- 1:CLN-60 GUH guide to **hyperkalaemia** management (adults) Dec 2023
2. Injectable Medicines administration guide Medusa, downloaded 19/02/2025
3. Variable rate IV insulin Infusion for management of adult patients in GUH, July 2022
- 4: **CLN-DIAB-005** -GUH Guidelines for Management of Diabetic Ketoacidosis in Adults
5. CLN-DIAB-8 - GUH Hyperglycaemic Hyperosmolar Nonketotic State Protocol

## Therapeutic classification

Actrapid: Short-acting human insulin Novorapid: Short-acting human insulin analogue