




You Should ALWAYS Manage a Patient with SQ Insulin in an ASC: CON

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• If pro is the opposite of con is progress the opposite of congress?

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- You should NEVER Manage a Patient with SQ Insulin in an ASC
- You should NOT ALWAYS Manage a Patient with SQ Insulin in an ASC
- You should ALWAYS Manage a Patient with IV Insulin in an ASC

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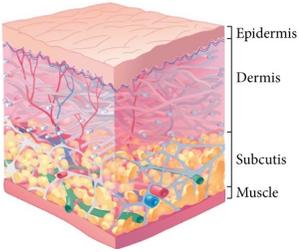
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- Why insulin?

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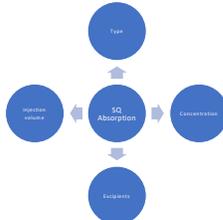



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Factors affecting SQ insulin absorption



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Factors affecting SQ insulin absorption

- Subcutaneous blood flow (SBF) at injection site
- Lipohypertrophy
- Skin temperature
- Local degradation
- Local massage
- Injection Site
- Skinfold Thickness/Obesity
- Exercise and activity level
- Smoking
- Body position

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IV route advantages

- 100% bioavailability
- Rapid onset
- Rapid peak effect
- Short duration

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INDICATIONS "Novolin R may be administered intravenously under proper medical supervision in a clinical setting for glycemic control".

DOSAGE AND ADMINISTRATION "Intramuscular and intravenous administrations of Novolin R are possible under medical supervision with close monitoring of blood glucose and potassium levels to avoid hypoglycemia and hypokalemia. For intravenous use, Novolin R should be used at concentrations from 0.05 U/ml to 1.0 U/ml in infusion systems with the infusion fluids 0.9% sodium chloride, 5% dextrose, or 10% dextrose with 40 mmol/l potassium chloride using polypropylene infusion bags."

Two insulin analogues, insulin aspart (Novolog) and glulisine (Apidra), which have rapid onset of action when absorbed SQ, but not when delivered via intravenous or peritoneal routes, have also acquired FDA approval for the intravenous administration indication. Their labels include similar language regarding the medical supervision, laboratory monitoring, and drug dilution required for safe use.

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Regular insulin IV vs SQ

	IV	SQ
Onset	5-10 minutes	30-40 minutes
Peak Effect	30-40 minutes	90-120 minutes
Duration	1-2 hours	4-6 hours

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Anesthesiologists are perioperative intensivists

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SQ route pitfalls

- Low blood flow states
- Anticipated fluid shifts
- Severe Hyperglycemia
- Short procedures

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Summary



- For predictability and precision, IV insulin is preferred for treating hyperglycemia.
- You should NOT ALWAYS Manage a Patient with SQ Insulin in an ASC

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