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ORIGINAL ARTICLE: PDF ONLY

Pulsatile I.V. Insulin Therapy for Severely Out of Control Diabetes

Logan-Darrough, Marvel MN, MSFT, ARNP, CDE

Author Information

Journal of Intravenous Nursing 18(3):p 124-129, May 1995.

BUY

Abstract

A recently published National Institutes of Health study shows that tight blood glucose control is critical to averting diabetic complications. However, a small fraction of patients with diabetes cannot safely achieve tight blood glucose control even under the regimen employed in the study. Pulsatile I.V. insulin therapy (PIVIT) can help these severely ill patients gain control of their diabetes. After more than a decade of research, PIVIT is now in routine clinical use for severely out of control diabetes. PIVIT is performed on an outpatient basis at a number of hospitals and clinics around the United States. The clinical availability of PIVIT for severely out of control diabetes offers an important alternative for the approximately 1% of patients who are unable to attain the benefits of tight control through conventional means.

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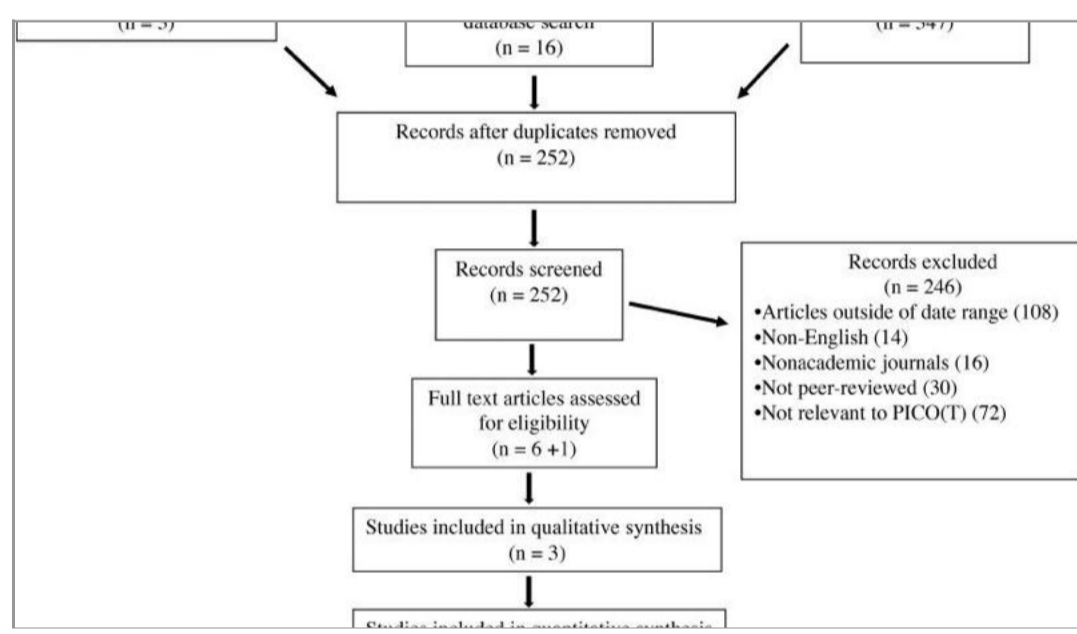
Related Links

- Articles in PubMed by Marvel Logan-Darrough, MN, MSFT, ARNP, CDE
- Articles in Google Scholar by Marvel Logan-Darrough, MN, MSFT, ARNP, CDE
- Other articles in this journal by Marvel Logan-Darrough, MN, MSFT, ARNP, CDE

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Related Articles



Hyperglycemia	Hypoglycemia
• Anesthetic stress of illness/surgery	• Anesthesia and/or analgesia effects causing inability for patient to self-report signs/symptoms of hypoglycemia
• Psychological stress	• Failure to adjust insulin and other antihyperglycemic agents
• Renal dysfunction	• Steroid taper
• Hepatic dysfunction	• Hyperkalemia treatment
• Hypotension	• Renal dysfunction
• Illness (ie, corticosteroids, immunosuppressants, and vasopressors)	• Hepatic dysfunction
• Inadequate coordination of glucose monitoring, insulin, and meals	• Lack of coordination of glucose monitoring, insulin, and meals
• Inappropriate discontinuation or withholding of antihyperglycemic agents preoperatively or postoperatively	• Sepsis
• Inadequate insulin infusion from IV to SC insulin	• Severity of illness
• Inadequate parenteral nutrition	• Inadequate oral intake
• Inadequate coordination of glucose monitoring, insulin, and meals	• Interruptions in meals or enteral/parenteral nutrition
• Hypoglycemia	

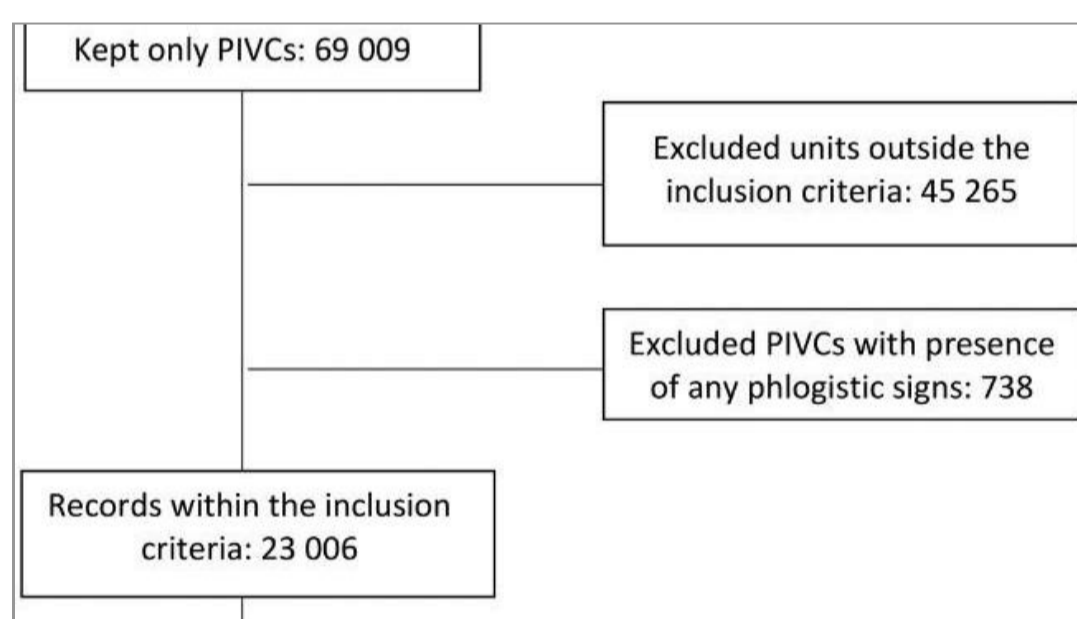
IV, intravenous; SC, subcutaneous.

Pulsatile Flushing

Journal of Infusion Nursing, January 2019

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Lawrence Medical Products Launches MoveAround™ IV Buggy For Kids—Toddler to Teen—Undergoing IV Therapy

Journal of Infusion Nursing, March 2011

Incidence Rate, Assorted Studies, 1990-2014

Incidence of Failure (%)
36,18 37,58 39,50 40,6 45,59 51,19 55,20 63,60
23,5,61 25,5,62 32,63 36,5,64 47,5,65 47,6,51 65,66 66,54
22,4,67 95,68

100-g Loading Dose	2-h—75-g Loading Dose
Fasting > 95	Fasting > 95
> 180	1 h > 180
> 155	2 h > 155
> 140	

Adapted from American Diabetes Association.⁷

Accepted but Unacceptable: Peripheral IV Catheter Failure

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Gestational Diabetes

Journal of Infusion Nursing, January 2010

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