Patient Care Orders--Intrapartum Management of Diabetes and Pregnancy

- Advise ____________(MRP/Midwife/Diabetes Specialist) and Diabetes Education Program upon admission
- Call Endocrine on call if concerns (NB. This line to be tailored accordingly per organization protocol)
- Current Total Daily Dose (TDD) of Insulin ___________ units/day (based on patient reporting) –see Table 1

Diet:
- Regular diet in early labour, followed by sips of fluids during active labour
- NPO

Glucose Monitoring:
- During early labour or scheduled C-section: on admission and every 2 hours
- During active labour: every 1 hour

Fluid and Insulin Management:
- For women with diet controlled gestational diabetes (GDM) or < 30 u of TDD insulin:
  - Discontinue subcutaneous insulin
- For women with GDM and > 30 u TDD insulin or Type 2 diabetes or 2 consecutive BG readings >8 mmol/L:
  - Discontinue subcutaneous insulin
  - Initiate main-line: IV D5W @ 75 ml/hr
  - Piggy-back: 50u Regular Insulin/500cc D5W (0.1u/1ml):
    Initial dose: ___________ml/hr (c) –see Table 2
  - Adjust insulin rate according to Table 1—Insulin Adjustment Chart, every 1 to 2 hours based on capillary blood glucose
  - Discontinue insulin infusion once placenta delivered
  - Continue main-line IV D5W @ 75 ml/hr until patient tolerating oral fluids, then discontinue
- For women with Type 1 diabetes:
  - Basal/Bolus Therapy:
    - Discontinue subcutaneous insulin
    - Initiate Main-line: IV D5W @ 75 ml/hr
    - Piggy-back: 50u Regular Insulin/500cc D5W (0.1u/1ml): Initial dose: ___________ml/hr –see Table 2
    - Adjust insulin rate according to Table 4—Insulin Adjustment, every 1 to 2 hours based on capillary blood glucose
    - Once placenta delivered, reduce insulin infusion to ___________ml/hr
    - Resume sc insulin (suggest starting dose 0.3u/kg): ___ hs (40% Lantus or Levemir) –see Table 3
    - Continue main-line IV D5W @ 75 ml/hr until patient tolerating oral fluids, then discontinue
  - Insulin Pump Therapy:
    - Initiate Main-line: IV D5W @ 75 ml/hr
    - Patient to self-manage insulin pump according to Policy and Procedure—Use of Continuous Subcutaneous Insulin Infusion Pumps in Hospitalized Patients
    - During active labour and delivery, instruct patient to:
      - reduce basal rate by 50%
      - No bolus insulin
    - Once placenta delivered, adjust basal rate to 60% of pre-pregnancy basal rate
    - Continue main-line IV D5W @ 75 ml/hr until patient tolerating oral fluids, then discontinue
- For individual orders different from above—please see next page

Date: _______________________________           Physician Signature: _____________________________________

Your signature indicates that checked bulleted items are authorized orders.

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**TABLE 1:** To calculate TDD: Add up all the insulin the patient takes in a day. TDD = ___________

**TABLE 2:** To calculate initial insulin infusion rate:
- \( \frac{\text{TDD}}{2} = \) _______ (a)
- \( \frac{(a)}{24} \text{ hr} = \) _______ u/hr (b)
- \( (b) \times 10 = \) ________ml/hr (c)

**TABLE 3:** To calculate sc insulin dose for Type 1:
- \( \text{_______} \text{kg} \times 0.3 = \) ________units/day (TDD)
  (pre-pregnancy weight)

**Optimal target** during labour and delivery and caesarean delivery: 4 – 7 mmol/L
### Table 4—Insulin Adjustment

<table>
<thead>
<tr>
<th>Capillary Blood Glucose Result</th>
<th>Insulin Infusion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;11.1 mmol/L</td>
<td>Increase by 0.4 u/hr (4 ml/hr)</td>
</tr>
<tr>
<td>7.1 – 11.0 mmol/L</td>
<td>Increase by .2 u/hr (2 ml/hr)</td>
</tr>
<tr>
<td>4.0 – 7.0 mmol/L</td>
<td>Maintain insulin infusion rate</td>
</tr>
<tr>
<td>3.5 –4.0 mmol/L</td>
<td>Stop insulin infusion and restart at initial dose minus 0.1 unit/hr (1 ml/hr) when blood glucose result &gt; 7.0 mmol/L. Recheck in 1 hour and follow same table for adjustments.</td>
</tr>
<tr>
<td>&lt;3.5 mmol/L</td>
<td>Give 25 ml D50W IV push</td>
</tr>
</tbody>
</table>

- Individual orders: ____________________________________________________________________________
  ________________________________________________________________________________
  ______________________________________________________________

**Note:** *Once cervical dilation reaches 4-5 cm, insulin needs may drop dramatically.*

**Date:** ____________________________  **Physician Signature:** ______________________________

Your signature indicates that checked bulleted items are authorized orders.