

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

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

Glucose Monitoring:

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

Optimal target during labour and delivery and caesarean delivery: 4 – 7 mmol/L

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**

TABLE 2: To calculate initial insulin infusion rate:
TDD ÷ 2 = _____ (a)
(a) ÷ 24 hr = _____ u/hr (b)
(b) x 10 = _____ ml/hr (c)

- 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 _____
- Resume sc insulin (suggest starting dose 0.3u/kg): ____ hs (40% Lantus or Levemir) –see **TABLE 3**
____ ac meals (60% Humalog or Novorapid divided by 3 for meals)
- Discontinue insulin infusion 2 hours after sc insulin administered
- Continue main-line IV D5W @ 75 ml/hr until patient tolerating oral fluids, then discontinue

TABLE 3: To calculate sc insulin dose for Type 1:
_____ kg x 0.3 = _____ units/day (TDD)
(pre-pregnancy weight)

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.

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

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.