



Queensland Government

# Insulin Intravenous Infusion (Maternity) Order / Intrapartum Blood Glucose Record

Facility: .....  
 Ward / Unit: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

**First Prescriber to Print Patient Name and Check Label Correct:**

Diabetes type:  T1DM  T2DM  GDM  
 Target BGL range: ..... mmol/L (generally 4–7 mmol/L)  
 BGL frequency: After change to infusion rate or change to IV fluids, check BGL hourly.  
 1 Hourly  
 2 Hourly (only if BGL is within target range for at least 6 hours)

**Special instructions:**

Review IV insulin infusion daily before 12 midday. If no longer nil by mouth, review once oral intake resumes. If continuing, rewrite on new page.

Notify: Doctor ..... or Ward doctor

**Monitoring record**

Write BGL in corresponding range box		Date (DD/MM)																
ALERTS	BGL (mmol/L)	Time (24 hr)																
Check ketones and notify doctor	Greater than 12																	
Check ketones and notify doctor	10.1–12																	
If two consecutive, notify doctor	8.1–10																	
Consider review if >7	6.1–8																	
	4–6																	
Treat hypoglycaemia and notify doctor	Less than 4																	
	Insulin infusion rate (units per hour)																	
Refer to subcutaneous insulin order form	Meal / Snack bolus (units)																	
Notify doctor if ketones: Blood: 0.6 mmol/L and above Urinary: moderate/++ and above	Ketones (mmol/L)																	
	Hypoglycaemia intervention (initials)																	
	Doctor notified																	
	Midwife / Nurse 1 (initials)																	
	Midwife / Nurse 2 (initials)																	

**Important information about ordering insulin**

- All patients on IV insulin must have a continuous IV glucose infusion unless specified by doctor (refer to IV Fluid Chart)
- Run IV insulin and IV glucose through the same line
- If ketoacidosis, hyperosmolar hyperglycaemic state (HHS), or IV insulin for greater than 24 hours, refer to endocrine / obstetric medicine
- If stopping IV insulin and slow acting subcutaneous insulin required, give slow acting subcut insulin at least 2 hours before stopping IV insulin
- Order meal / bolus dose using **Insulin Subcutaneous (Maternity) Order and Blood Glucose Record**

**Intravenous Actrapid® insulin infusion order**

Start date (DD / MM) / time (24 hr)	BGL range (mmol/L)	Initial infusion rate	Revised infusion rate	2nd revised infusion rate	Suggested insulin infusion rate
	Less than 4	<b>SUSPEND insulin infusion, continue glucose infusion and notify doctor. Treat hypoglycaemia (refer to page 2). Recheck BGL after 15 minutes.</b>			0 units/hour
	4–6 or .....	..... units/hour	..... units/hour	..... units/hour	1 units/hour
	6.1–8 or .....	..... units/hour	..... units/hour	..... units/hour	2 units/hour
	8.1–10 or .....	..... units/hour	..... units/hour	..... units/hour	3 units/hour
	10.1–12 or .....	..... units/hour	..... units/hour	..... units/hour	4 units/hour
	Greater than 12 or .....	..... units/hour	..... units/hour	..... units/hour	..... units/hour
		..... units/hour	..... units/hour	..... units/hour	<b>Suggested IV glucose regimen:</b> Glucose 5% at 60–100mL/hour; OR Glucose 4% and Sodium Chloride 0.18% at 60–100 mL/hour
Prescriber name (print)					
Prescriber signature					
Confirm concurrent glucose ordered on IV fluid chart	<input type="checkbox"/> IV glucose ordered	<input type="checkbox"/> IV glucose ordered	<input type="checkbox"/> IV glucose ordered		

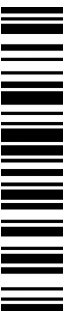
**Administration record insulin IV infusion**

Insulin (units) and sodium chloride 0.9% (mL)	Date (DD / MM)	Start time (24 hr)	Midwife / Nurse 1	Midwife / Nurse 2	Time stop (24 hr)	Volume infused (mL)
50 units Actrapid® Insulin and 49.5mL Sodium Chloride 0.9%	/	:			:	
50 units Actrapid® Insulin and 49.5mL Sodium Chloride 0.9%	/	:			:	

DO NOT WRITE IN THIS BINDING MARGIN

Do not reproduce by photocopying  
 All Clinical form creation and amendments must be conducted through Health Information Services

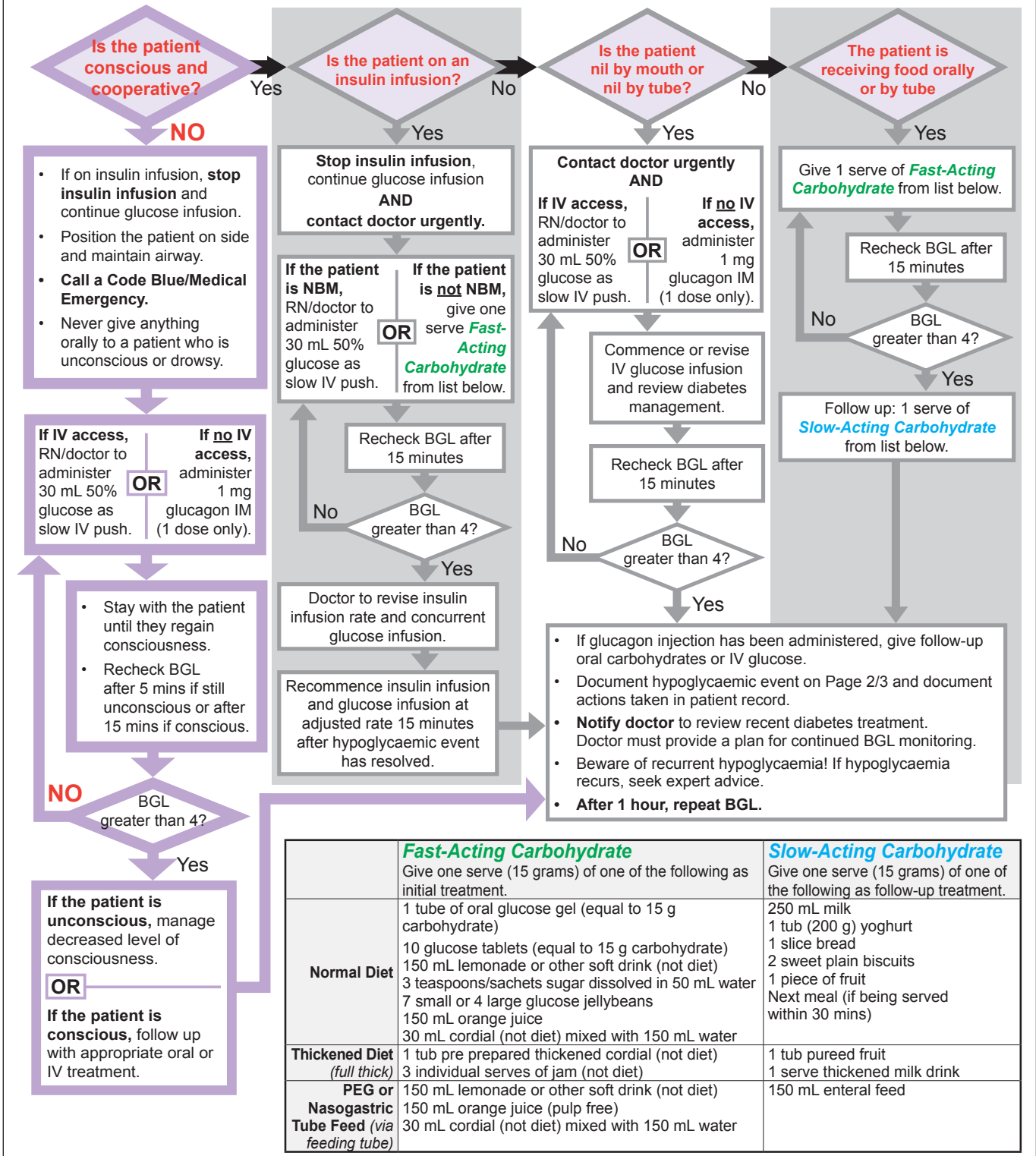
v2.00 B 23 - 08/2025  
 WINC Code: 1NY34962



SW882

INSULIN INTRAVENOUS INFUSION (MATERNITY) ORDER / INTRAPARTUM BLOOD GLUCOSE RECORD

## Guidelines for treating hypoglycaemia (BGL less than 4 mmol/L)



All Clinical form creation and amendments must be conducted through Health Information Services

DO NOT WRITE IN THIS BINDING MARGIN

	<b>Fast-Acting Carbohydrate</b>	<b>Slow-Acting Carbohydrate</b>
	Give one serve (15 grams) of one of the following as initial treatment.	Give one serve (15 grams) of one of the following as follow-up treatment.
<b>Normal Diet</b>	1 tube of oral glucose gel (equal to 15 g carbohydrate) 10 glucose tablets (equal to 15 g carbohydrate) 150 mL lemonade or other soft drink (not diet) 3 teaspoons/sachets sugar dissolved in 50 mL water 7 small or 4 large glucose jellybeans 150 mL orange juice 30 mL cordial (not diet) mixed with 150 mL water	250 mL milk 1 tub (200 g) yoghurt 1 slice bread 2 sweet plain biscuits 1 piece of fruit Next meal (if being served within 30 mins)
<b>Thickened Diet (full thick)</b>	1 tub pre prepared thickened cordial (not diet) 3 individual serves of jam (not diet)	1 tub pureed fruit 1 serve thickened milk drink
<b>PEG or Nasogastric Tube Feed (via feeding tube)</b>	150 mL lemonade or other soft drink (not diet) 150 mL orange juice (pulp free) 30 mL cordial (not diet) mixed with 150 mL water	150 mL enteral feed

## Guidelines for diabetes treatment review following treated hypoglycaemia

- Provide a plan for continued BGL monitoring.**
- Review diabetes management for causes of hypoglycaemia and correct avoidable causes.
    - If the cause is identified and corrected (e.g. missed, delayed or reduced intake), insulin dose adjustment is not required unless hypoglycaemia recurs.
    - If the cause is not identified or cannot be corrected and:
      - hypoglycaemia has occurred **within** 4 hours after mealtime insulin, reduce the dose of that mealtime insulin by 20% the following day
      - hypoglycaemia has occurred **outside** 4 hours after mealtime insulin, reduce the basal insulin dose by 20%.
  - If the patient is on insulin and is:
    - eating normally, **do not withhold subsequent mealtime or basal insulin** after treating hypoglycaemia.
    - on reduced oral intake, consider reducing mealtime insulin dose(s).
  - If the patient is on a long-acting oral hypoglycaemic agent:
    - Obtain specialist advice on management** as hypoglycaemia can be recurrent or prolonged.
    - Withhold oral hypoglycaemic treatment until recovered and review whether further therapy is required.
    - Monitor BGL hourly for 4 hours, then 4 hourly for 24 hours after the last hypoglycaemic episode.
    - If hypoglycaemia recurs, commence IV glucose with titration rate to achieve BGL greater than 4 mmol/L.

Adapted with permission from [Acute Insulin Chart](#) (v3 12/2021) developed by the Australian Commission on Safety and Quality in Health Care. ACSQHC: Sydney 2021.