## Monitoring record

<table>
<thead>
<tr>
<th>Stage</th>
<th>Antenatal</th>
<th>Postnatal</th>
<th>Antenatal</th>
<th>Postnatal</th>
<th>Antenatal</th>
<th>Postnatal</th>
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<th>Postnatal</th>
<th>Antenatal</th>
<th>Postnatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (DD/MM/YY)</td>
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</tr>
</tbody>
</table>

### Alerts

- **BGL (mmol/L)**
  - Greater than 12
  - Greater than 10.1
  - Greater than 8.1
  - Greater than 6.1

- **Ketones frequency (blood or urine):**
  - On admission
  - Check / repeat if:
    - BGL greater than or equal to 10.1 mmol/L
    - Unwell, vomiting, abdominal pain (not labour pain)
    - NB by mouth greater than 6 hours

### Diabetes treatment prior to admission

- **Diabetes type:**
  - T1DM
  - T2DM
  - GDM

- **Current diabetes treatment:**
  - Insulin only
  - Metformin only
  - Insulin and metformin

- **Diet compliance:**
  - CGM (Continuous Glucose Monitoring)

- Self-dosing (record dose in Routine orders)

- **Routine insulin orders**
  - **Order for each day:**
    - **Meal / time:**
      - **Type of insulin:**
        - Prescriber signature:
        - Print name:

- **Supplemental insulin orders**
  - **Order for each day:**
    - **Meal / time:**
      - **Type of insulin:**
        - Prescriber signature:
        - Print name:

- **Start / Phone insulin orders**
  - **Also complete Administration record**

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**Example Only**

NOT FOR CLINICAL USE

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### Insulin Subcutaneous (Maternity) Order and Blood Glucose Record

**Applicable for all types of diabetes in pregnancy, including Type 1 Diabetes Mellitus (T1DM), Type 2 Diabetes Mellitus (T2DM), and Gestational Diabetes Mellitus (GDM).**

**Intrapartum:** use *Insulin Intravenous Infusion (Maternity) Order / Intrapartum Blood Glucose Record*

**Do not use this guide if:**
- Diabetic ketoacidosis (DKA), OR
- Using own Continuous Subcutaneous Insulin Infusion (CSII) pump.

**All types of diabetes:**
- Aim for blood glucose level (BGL) 4–7 mmol/L
- Escalating care

#### Condition  Action

<table>
<thead>
<tr>
<th>BGL</th>
<th>Notice and action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than or equal to 10.1 mmol/L</td>
<td>Notify doctor and check ketones</td>
</tr>
<tr>
<td>Two consecutive BGLs greater than or equal to 8.1 mmol/L</td>
<td>Notify doctor</td>
</tr>
<tr>
<td>Less than 4 mmol/L</td>
<td>Treat hypoglycaemia (refer to page 4) and notify doctor and theatre team leader</td>
</tr>
<tr>
<td>Urinary ketone greater than or equal to moderate, or greater than + or equal to ++</td>
<td>Notify doctor</td>
</tr>
<tr>
<td>Blood ketone greater than or equal to 0.6 mmol/L</td>
<td>Notify doctor</td>
</tr>
</tbody>
</table>

**Guidelines for Treating Hypoglycaemia**

- **If cause not identified or cannot be corrected:**
  - Call a Code Blue/Medical Emergency.
  - Never give anything orally to a patient who is unconscious or drowsy.

#### If BGL less than 4 mmol/L

1. **Step 1:**
   - Call a Code Blue/Medical Emergency.
   - Position the patient on side.
   - Unwell, vomiting, abdominal pain (not labour pain) Notify doctor and check ketones.
   - Blood glucose as required.

2. **Step 2:**
   - **If IV access,** follow IV treatment.
   - **If the patient is unconscious,** or after 15 mins if still unconscious:
     - Start glucose infusion (via tube feed).
   - **If the patient is not unconscious,** after 5 mins if still conscious:
     - **If eating normally,** do not withhold subsequent mealtime or basal insulin.

#### If BGL Greater than or equal to 10.1 mmol/L

1. **Step 1:**
   - Notify doctor and midwifery team leader.
   - **If IV access,** give one serve of Fast-Acting Carbohydrate (1 dose only).
   - **If no IV access,** give oral carbohydrates or IV glucose.

2. **Step 2:**
   - **If the patient is NBM,** give one serve of Fast-Acting Carbohydrate (1 dose only).
   - **If the patient is not NBM,** give oral carbohydrates or IV glucose.

**Diabetes treatment review following treated hypoglycaemia**

- If eating normally, do not withhold subsequent mealtime or basal insulin.
- Review diabetes management for causes of hypoglycaemia.
- Correct avoidable causes (e.g., missing the insulin infusion is generally not required unless hypoglycaemia recurs).
- If cause not identified or cannot be corrected:
  - If hypoglycaemia within 4 hours after mealtime insulin, reduce the dose of that mealtime insulin by 20% the following day.
  - Otherwise, reduce basal insulin dose by 20%.

**Abbreviations:**
- BGL Blood glucose level
- IV Intravenous
- IM Intramuscular
- NBM Nil by Mouth
- Subcut Subcutaneous