



Insulin Subcutaneous (Maternity) Order and Blood Glucose Record

Facility:
Ward:

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth: Sex: M F I
First Prescriber to Print Patient Name and Check Label Correct:

NOT A VALID PRESCRIPTION UNLESS IDENTIFIERS PRESENT

Notification instructions

Notify: Doctor or Ward doctor

If insulin cannot be administered as ordered, notify doctor, enter code **W** for withheld and document in clinical record.
If supplemental insulin ordered for the same time as routine insulin, administer together.

Monitoring record

Diet	Stage					Date					Time (24 hr)					
	<input type="checkbox"/> Antenatal	<input type="checkbox"/> Postnatal	<input type="checkbox"/> Antenatal	<input type="checkbox"/> Postnatal	<input type="checkbox"/> Antenatal	<input type="checkbox"/> Postnatal	<input type="checkbox"/> Antenatal	<input type="checkbox"/> Postnatal	<input type="checkbox"/> Antenatal	<input type="checkbox"/> Postnatal	<input type="checkbox"/> Antenatal	<input type="checkbox"/> Postnatal	<input type="checkbox"/> Antenatal	<input type="checkbox"/> Postnatal	<input type="checkbox"/> Antenatal	<input type="checkbox"/> Postnatal
	DD / MM / YY		DD / MM / YY		DD / MM / YY		DD / MM / YY		DD / MM / YY		DD / MM / YY		DD / MM / YY		DD / MM / YY	
Write number in corresponding range row	:		:		:		:		:		:		:		:	
ALERTS	BGL (mmol/L)															
Check ketones and notify doctor	Greater than 12															
Check ketones and notify doctor	10.1-12															
If two consecutive, notify doctor	8.1-10															
	6.1-8															
	4-6															
Treat hypoglycaemia and notify doctor	Less than 4															
	Hypoglycaemia intervention (initials)															
	Ketones (mmol/L)															
Notify doctor if ketones: • Blood: 0.6 mmol/L and above • Urinary: moderate/++ and above	Doctor notified (initials)															

Administration record

Name of routine insulin:	units					units					units					units				
Name of routine insulin:																				
Name of insulin (stat / phone order):																				
Name of insulin (supplemental order):																				
Time given (24 hr)	:		:		:		:		:		:		:		:					
Midwife / Nurse 1 (initials)																				
Midwife / Nurse 2 (initials)																				
Comments																				

Routine insulin orders order for each day

POSTPARTUM:
• **T1DM and T2DM requiring pharmacotherapy:** do not restart insulin at pre-birth or pre-pregnancy dose. Specialist review prior to restarting pharmacotherapy. Suggested dose: When BGL greater than 10 mmol/L restart at half pre-pregnancy dose.
• **GDM and T2DM diet controlled:** Cease pharmacotherapy.

Contact doctor if dose not ordered.
Mealtime insulin is given at start of meal. Date (DD/MM): / / / / /
If self dosing, write "self" under "Print name".

Meal / time: _____ Type of insulin: _____ units units units units units

Prescriber signature: _____ Print name: _____ initials initials initials initials initials

Breakfast

Meal / time: _____ Type of insulin: _____ units units units units units

Prescriber signature: _____ Print name: _____ initials initials initials initials initials

Lunch

Meal / time: _____ Type of insulin: _____ units units units units units

Prescriber signature: _____ Print name: _____ initials initials initials initials initials

Dinner

Meal / time: _____ Type of insulin: _____ units units units units units

Prescriber signature: _____ Print name: _____ initials initials initials initials initials

Pre-Bed

Meal / time: _____ Type of insulin: _____ units units units units units

Prescriber signature: _____ Print name: _____ initials initials initials initials initials

Supplemental insulin orders order each day

Supplemental insulin should NOT be prescribed for all patients. Adjust routine insulin based on recent supplemental insulin requirements.

Name of insulin: _____

Frequency: _____

Start date (DD/MM): / / / / /

Start time (24 hr): : : : : :

BGL range (mmol/L)

6.1-8	or	units	units	units	units	units
8.1-10	or	units	units	units	units	units
10.1-12	or	units	units	units	units	units
Greater than 12	or	units	units	units	units	units

Initials: _____

Prescriber name (print): _____

Prescriber signature: _____

Stat / Phone insulin orders also complete Administration record

Check with doctor if order replaces, or is in addition to, other insulin orders.

Date (DD / MM)	Name of insulin	Units	When to administer		Prescriber		Phone order	
			Date (DD / MM)	Time (24 hr)	Signature	Print name	RM / RN 1	RM / RN 2
/		units	/	:			initials	initials
/		units	/	:			initials	initials
/		units	/	:			initials	initials
/		units	/	:			initials	initials
/		units	/	:			initials	initials
/		units	/	:			initials	initials
/		units	/	:			initials	initials
/		units	/	:			initials	initials
/		units	/	:			initials	initials

Monitoring and treatment

Diabetes treatment prior to admission:

Diabetes type: T1DM T2DM GDM

Current diabetes treatment: Insulin only Metformin only Insulin and metformin Diet controlled CSII pump. Insulin and diet Insulin and diet and CSII pump

Carbohydrate ratio:

Insulin sensitivity factor:

Brand of pump:

Type of insulin:

Self dosing: (record dose in 'Routine orders')
 Determining own dose and self administering

BGL frequency (doctor to specify): QID fasting and one hour post main meals QID fasting and two hours post main meals QID pre-meals and 21:00 hours Fasting, pre-meals, one hour post main meals and 21:00 hours Fasting, pre-meals, two hours post main meals and 21:00 hours

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)
• Nil by mouth greater than 6 hours

Pharmacy review

Date (DD/MM): / / / / /

Initials: _____



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URN: _____
 Family name: _____
 Given name(s): _____
 Address: _____
 Date of birth: _____ Sex: M F I
First Prescriber to Print Patient Name and Check Label Correct: _____

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Facility: _____
 Ward: _____

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
BGL	Greater than or equal to 10.1 mmol/L	Notify doctor and check ketones
	Two consecutive BGLs greater than or equal to 8.1 mmol/L	Notify doctor
	Less than 4 mmol/L	Treat hypoglycaemia (refer to page 4) and notify doctor and midwifery team leader
Blood ketone greater than or equal to 0.6 mmol/L		Notify doctor
Urinary ketone greater than or equal to moderate, or greater than or equal to ++		Notify doctor
Unwell, vomiting, abdominal pain (not labour pain)		Notify doctor and check ketones

T1DM

- **Managed by specialist obstetric medicine / endocrinology or local expert staff specialist**
- Individualise care
- BGL at least 7 times per day (fasting, pre-main meals, and one or two hours post main meals as per local protocol)
- Consider blood or urine ketone level on admission
- **Antenatal: Do not withhold insulin, high risk of DKA and fetal mortality**
- Notify specialist of admission and birth
- **Postpartum:**
 - » Do not recommence pharmacotherapy at pre-birth or pre-pregnancy dose—insulin requirements decrease rapidly after birth, high risk of hypoglycaemia
 - » Specialist review prior to recommencing insulin
 - » Suggested recommencement dose: When BGL greater than 10 mmol/L, recommence insulin at half pre-pregnancy dose
 - » If no postnatal insulin prescribed, contact specialist

T2DM requiring pharmacotherapy and GDM requiring pharmacotherapy

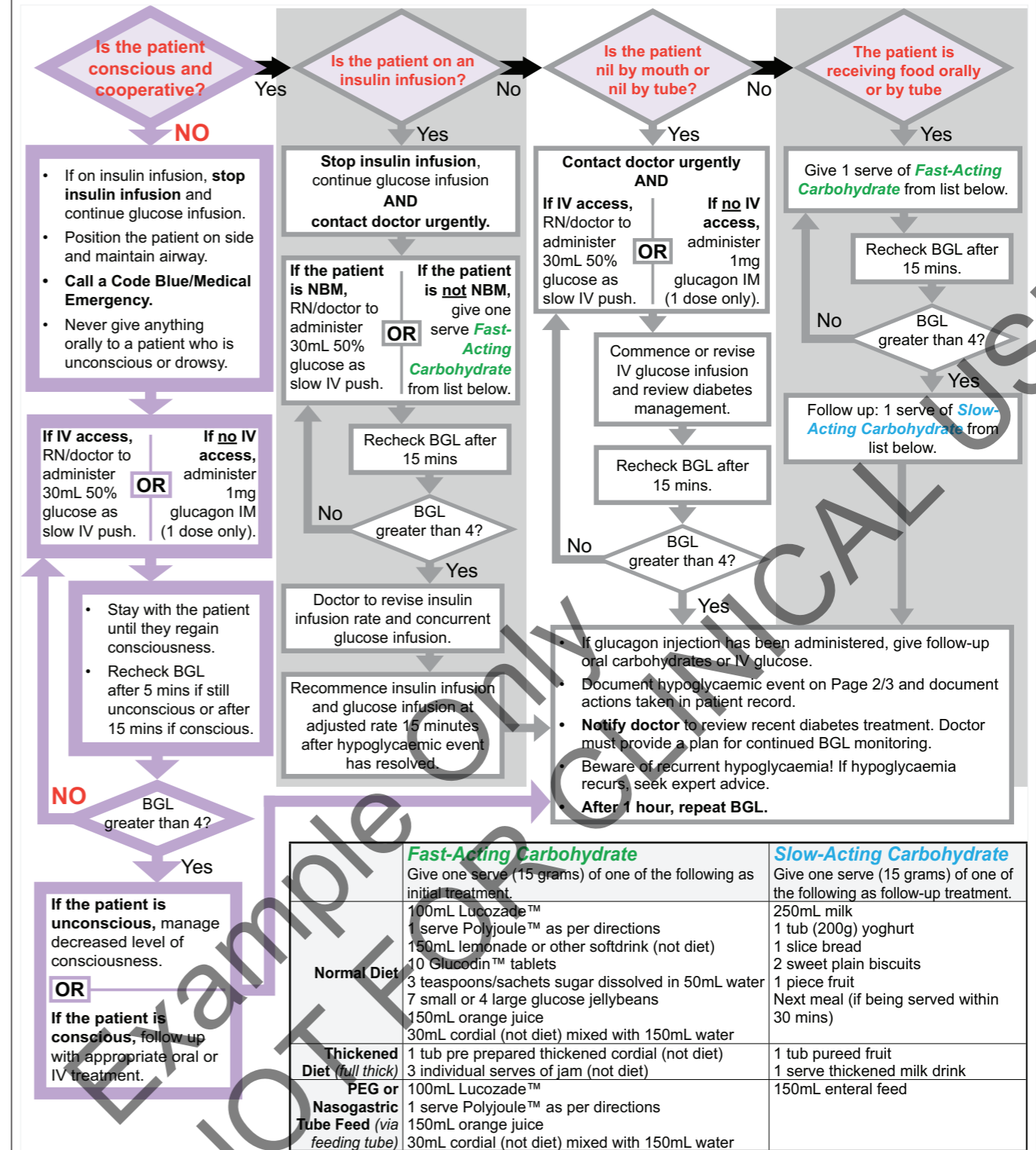
- BGL at least 4 times per day (fasting, and one or two hours post-main meals as per local protocol)
- **Postpartum:**
 - » Do not recommence pharmacotherapy at pre-birth or pre-pregnancy dose—insulin requirements decrease rapidly after birth, high risk of hypoglycaemia
 - » GDM—cease pharmacotherapy
 - » T2DM—review pharmacotherapy requirement prior to recommencing pharmacotherapy
 - » Continue BGL pre-meals and 21:00 for 24 hours then review

T2DM diet controlled and GDM diet controlled

- BGL at least 4 times per day (fasting, and one or two hours post-main meals as per local protocol)
- **Postpartum:**
 - » GDM—cease BGL monitoring
 - » T2DM—BGL pre-meals and 21:00 for 24 hours then review

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



	Fast-Acting Carbohydrate	Slow-Acting Carbohydrate
	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.
Normal Diet	100mL Lucozade™ 1 serve Polyjoule™ as per directions 150mL lemonade or other softdrink (not diet) 10 Glucodin™ tablets 3 teaspoons/sachets sugar dissolved in 50mL water 7 small or 4 large glucose jellybeans 150mL orange juice 30mL cordial (not diet) mixed with 150mL water	250mL milk 1 tub (200g) yoghurt 1 slice bread 2 sweet plain biscuits 1 piece fruit Next meal (if being served within 30 mins)
Thickened Diet (full thick)	1 tub pre prepared thickened cordial (not diet) 3 individual serves of jam (not diet)	1 tub pureed fruit 1 serve thickened milk drink
PEG or Nasogastric Tube Feed (via feeding tube)	100mL Lucozade™ 1 serve Polyjoule™ as per directions 150mL orange juice 30mL cordial (not diet) mixed with 150mL water	150mL enteral feed

Reproduced from: National subcutaneous insulin chart v1 05/2015, Australian Commission on Safety and Quality in Healthcare

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 (adjusting the insulin infusion is generally not required unless hypoglycaemia reoccurs);
 - 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

INSULIN SUBCUTANEOUS (MATERNITY) ORDER AND BLOOD GLUCOSE RECORD

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

DO NOT WRITE IN THIS BINDING MARGIN