Translating evidence into best clinical practice

#### **Maternity Insulin Forms**

Insulin Subcutaneous (Maternity) Order and Blood Glucose Record v1 09/2019 (SW883)

and

Insulin Intravenous Infusion (Maternity) Order / Intrapartum Blood Glucose Record v1 09/2019 (SW882)



#### **References:**

Queensland Clinical Guideline: Gestational Diabetes Mellitus; Insulin Subcutaneous (Maternity), Order and Blood Glucose Record; and Insulin Intravenous Infusion (Maternity) Order / Intrapartum Blood Glucose Record are the primary references for this package.

#### **Recommended citation:**

Queensland Clinical Guidelines. Maternity Insulin Forms education presentation E19.56-1-V1-R24. Queensland Health. 2019.

#### **Disclaimer:**

This presentation is an implementation tool and should be used in conjunction with the published clinical forms. This information does not supersede or replace the forms. Consult the forms for further information and references.

#### Feedback and contact details:

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## Learning outcomes

At the end of this session, the participant will:

- Understand the purpose of the Statewide maternity insulin forms
- Know how and when to use the Statewide maternity insulin forms in clinical practice

## Background

The general adult insulin forms are not designed for glycaemic control of women with diabetes in pregnancy.

The maternity insulin forms provide maternity specific:

- Blood glucose level (BGL) reference ranges
- Guidance about:
  - Management
  - Escalation
  - Restarting diabetic management immediately postpartum

## **Purpose of the forms**

- Assist clinicians better manage women with diabetes during pregnancy and in the immediate postpartum period
- Improve glycaemic management:
  - Easier recognition of off-target BGL
  - Appropriate escalation
  - Appropriate ordering of ketones
- Minimise hyper/hypoglycaemic events
- Support clear processes and easy visualisation of monitoring, prescribing and management
- Minimise insulin prescribing errors

### When to use the forms

#### Forms suitable for:

- Maternity population with:
  - Type 1 Diabetes Mellitus (T1DM)
  - Type 2 Diabetes Mellitus (T2DM); or
  - Gestational Diabetes Mellitus (GDM)

#### Forms NOT suitable for:

- Diabetic Ketoacidosis (DKA)
- When using own continuous subcutaneous insulin infusion (CSII) pump

### When to use the forms

#### **Pregnancy and immediate postpartum:**

- Use the Insulin Subcutaneous (Maternity) Order and Blood Glucose Record
- If IV Insulin—use the Insulin Intravenous Infusion (Maternity) Order / Intrapartum Blood Glucose Record

#### **Intrapartum:**

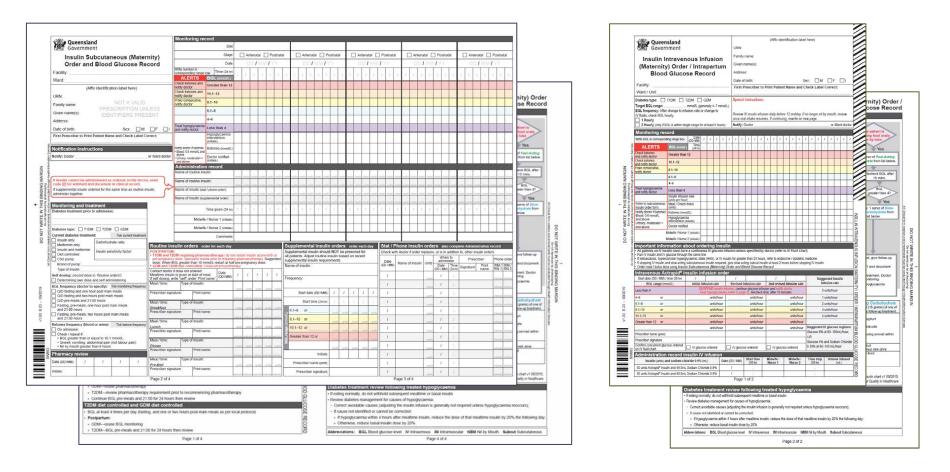
 Use the Insulin Intravenous Infusion (Maternity) Order / Intrapartum Blood Glucose Record

### When to use the forms

#### Facilities using electronic medical records:

- Use one method (either digital or paper-based) for insulin orders and blood glucose monitoring to suit local context
  - Consider risks and implications of incomplete or inaccessible insulin records during antenatal, intrapartum and postpartum periods
- Queensland Health ieMR Maternity includes PowerPlans for Gestational Diabetes Mellitus, Type I Diabetes Mellitus, and Type II Diabetes Mellitus aligned to the maternity insulin forms.

## How to complete Statewide Maternity Insulin Forms

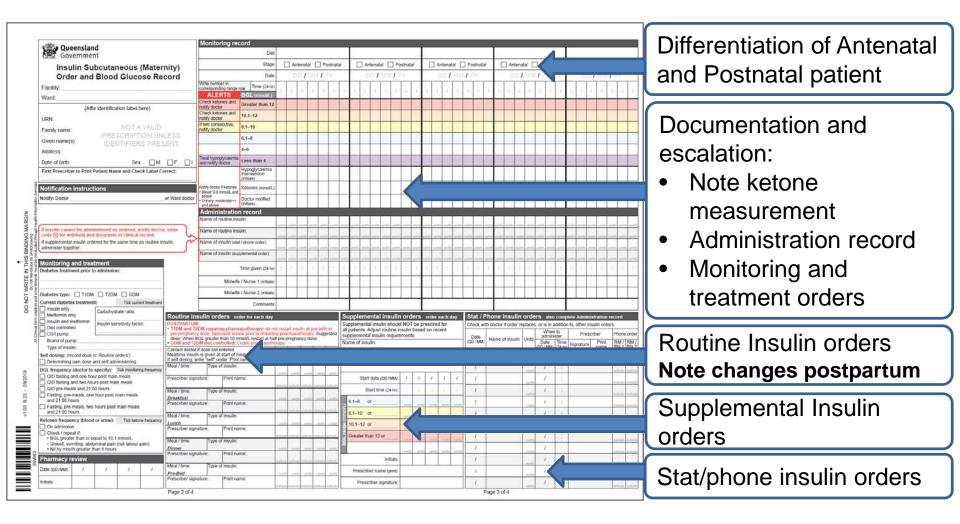


## **Subcutaneous Insulin Order Form**

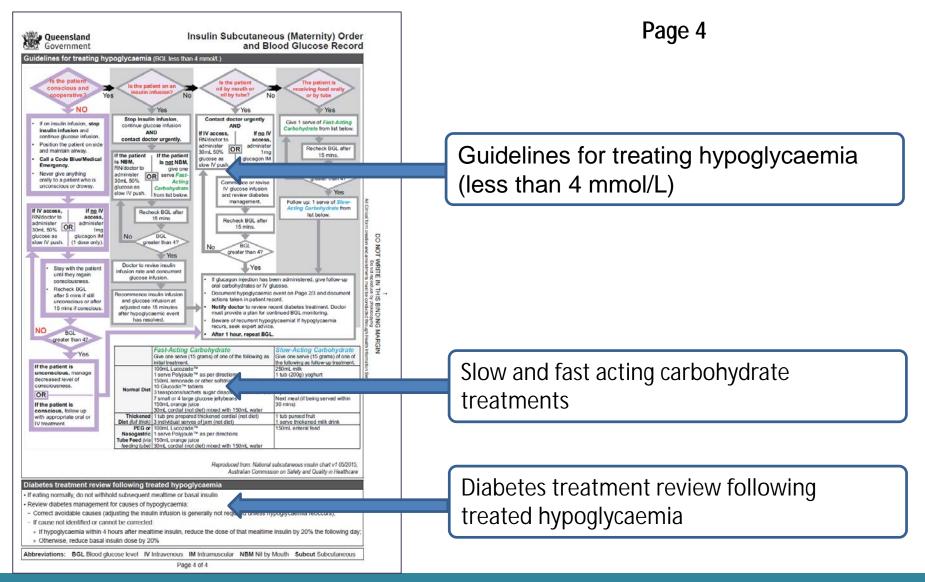
Queensland Government Insulin Subcutaneous	PRESCRIPTION UNLESS	Page 1 of 4
(Maternity) Order and Blood Glucose Record Date of birth	IDENTIFIERS PRESENT	Patient identification
Applicable for all types of diabetes in pregnancy, including Type 1 Diabetes Mellitus (T1DM), Type 2 Diabetes Mellitus (T2DM), and Gestational Diabetes Mellitus (GDM) Intrapartum: use Insulin Intravenous Infusion (Maternity) Order / Intrapartum Blood Glucose Record Do not use this guide it: Diabetic Ketoacidosis (DKA); OR Using own Continuous Subcutaneous Insulin Infusion (CSII) pump. All types of diabetes Am for blood glucose level (BCL) 4–7 mmol/L		When to use this form
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     Notify doctor     Itess than 4 mmol/L     Less than 4 mmol/L     Unavy ketone greater than or equal to 0.6 mmol/L     Notify doctor     Unavy ketone greater than or equal to 0.6 mmol/L     Notify doctor     Unavy ketone greater than or equal to 0.6 mmol/L     Unavy ketone greater than or equal to 0.6 mmol/L     Unavy ketone greater than or equal to 0.6 mmol/L     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Unavy ketone greater than or equal to moderate, or greater than     Notify doctor     Notify specialist obstetric medicine / endocrinology or local expert staff specialist     Notify specialist of admission and birth     Notify specialist of admission and birth		<ul><li>General guidance for all types of diabetes</li><li>Target BGL range</li><li>Escalation triggers</li></ul>
Antenatai: Do not withhold insulin, high risk of DKA and fetal mortality     Notify specialist of admission and birth     Octation of the second		<ul> <li>Specific guidance for management of</li> <li>Type 1 Diabetes Mellitus</li> <li>Type 2 Diabetes Mellitus and GDM requiring pharmacotherapy</li> <li>Type 2 Diabetes Mellitus and GDM diet controlled</li> </ul>

# **Subcutaneous Insulin Order Form**

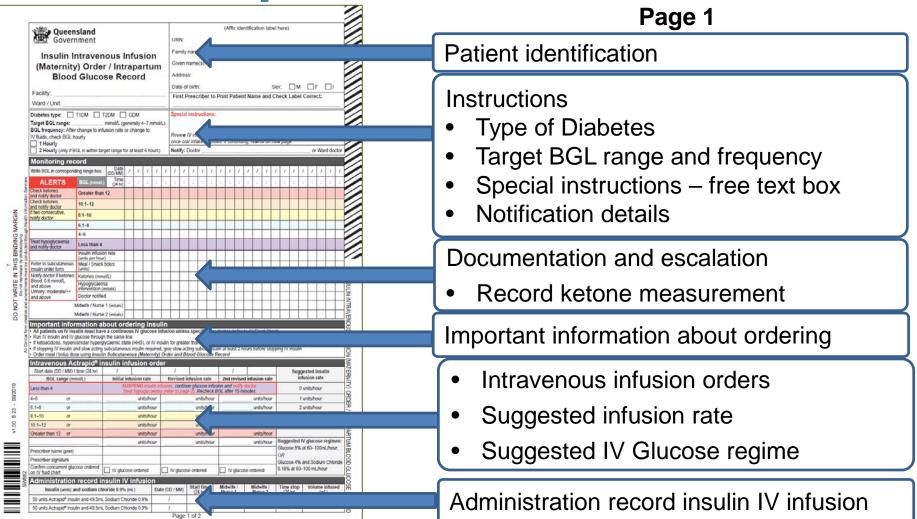
Page 2 and 3



### **Subcutaneous Insulin Order Form**



## IV Insulin Order Form / Intrapartum BGL record



## IV Insulin Order Form / Intrapartum BGL record

