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:

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

Feedback and contact details:

Funding:
Queensland Clinical Guidelines is supported by the Queensland Health, Healthcare Improvement Unit.

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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

Patient identification

When to use this form

General guidance for all types of diabetes
- Target BGL range
- Escalation triggers

Specific guidance for management of
- Type 1 Diabetes Mellitus
- Type 2 Diabetes Mellitus and GDM requiring pharmacotherapy
- Type 2 Diabetes Mellitus and GDM diet controlled
Subcutaneous Insulin Order Form

Differentiation of Antenatal and Postnatal patient

Documentation and escalation:
- Note ketone measurement
- Administration record
- Monitoring and treatment orders

Routine Insulin orders

Note changes postpartum

Supplemental Insulin orders

Stat/phone insulin orders
Guidelines for treating hypoglycaemia (less than 4 mmol/L)

Slow and fast acting carbohydrate treatments

Diabetes treatment review following treated hypoglycaemia
IV Insulin Order Form / Intrapartum BGL record

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Patient identification

Instructions
• Type of Diabetes
• Target BGL range and frequency
• Special instructions – free text box
• Notification details

Documentation and escalation
• Record ketone measurement

Important information about ordering
• Intravenous infusion orders
• Suggested infusion rate
• Suggested IV Glucose regime

Administration record insulin IV infusion
Guidelines for treating hypoglycaemia (less than 4 mmol/L)

Slow and fast acting carbohydrate treatments

Diabetes treatment review following treated hypoglycaemia