fraserhealth

Regional Pre-Printed Orders for
DIABETES AND PREGNANCY
ANTEPARTUM AND INTRAPARTUM

Form ID: DRDO105417B   Rev: Apr 26, 2016   Page: 1 of 1

DRUG & FOOD ALLERGIES

● **Mandatory**   ☐ **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

- These orders become active when patient admitted to hospital
- These orders do NOT apply to patients on insulin pump therapy
- Capillary blood glucose testing, urine testing and insulin administration may be done by patient or RN

For Patient Not in Labour:

- **Diet:** ☐ Diabetic Pregnancy 2100 kcal (DPREG) **OR** ☐ _____

  Texture: ☐ Regular   ☐ Full fluids   ☐ Clear fluids
- **Urine ketone testing** upon admission then continue daily
- **Capillary blood glucose testing** upon admission then continue QID
- **Insulin:** Prescriber to review preadmission insulin therapy and must write orders below:

  • _____

NOTE: Patients with Type 1 Diabetes should NOT have insulin discontinued as they are at risk of diabetic ketoacidosis

For Patient in Labour or Pre-op Cesarean Section

- **Diet:**   ☐ NPO   OR   ☐ 125 mL clear fruit juice Q1H
- **Urine ketone testing** with each void
- **Intravenous fluids:** If NPO and/or urine ketones 2+ or greater:
  - Start primary IV **NaCl 0.9%**
  - Connect IV **D5W - 0.9% NaCL** to lowest port and titrate between 75 to 150 mL/h to maintain capillary blood glucose 3.9 to 6 and ketones less than 2+ **(NOTE:** fluid restriction may be necessary if hypertensive disorder)
  - Turn off mainline IV **NaCl 0.9%** unless otherwise ordered or IV bolus for intrauterine resuscitation is required
  - Call prescriber if unable to achieve above parameters
- **Capillary blood glucose testing** Q2H
- **Insulin**
  - **insulin lispro** subcutaneously by sliding scale:

Capillary Blood Glucose (mmol/L)	**insulin lispro** (Q2H)
0 to 6	0 units
6.1 to 7	2 units
7.1 to 8	3 units
8.1 to 9	4 units
9.1 to 10	5 units
10.1 to 11	6 units
11.1 to 12	7 units
Greater than 12	8 units and call Prescriber

- **Additional Order:** _____

Date (dd/mmm/yyyy)	Time	Prescriber Signature	Printed Name or College ID#