

Form Title **Diabetes in Pregnancy: Type 1 Diabetes Mellitus,
Adult - Inpatient Order Set**

Form Number **21430Bond**

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Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

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Select orders by replacing a (✓) in the associated box

Antepartum			
<i>If type of diabetes is unknown, treat patient as type 1 diabetes mellitus and consult endocrinologist or diabetes specialist.</i>			
Diet and Nutrition			
<input checked="" type="checkbox"/> Adult Diet – Diabetic Pregnancy (2000-2200 kcal)			
Monitoring and Patient Care			
Glucose Meter Point of Care Treatment (POCT):			
<input checked="" type="checkbox"/> 4 times per day 15 to 30 minutes before scheduled meals and at bedtime AND PRN for suspected hypoglycemia, daily			
Additional testing			
<input type="checkbox"/> Fasting and 1 hour after meal times, daily			
<input type="checkbox"/> Fasting and 2 hours after meal times, daily			
<input type="checkbox"/> At 0200 hours daily			
<input type="checkbox"/> Every _____ hours			
Blood Glucose (BG) Targets			
Fasting and Pre prandial	3.8 to 5.2 mmol/L		
1 hour post prandial	Below 7.8 mmol/L		
2 hour post prandial	Below 6.7 mmol/L		
Hypoglycemia treatment	Below 3.8 mmol/L or symptomatic below 4.0 mmol/L or contact Most Responsible Health Provider (MRHP) for glucose below _____ mmol/L OR if BG not easily corrected.		
Hyperglycemia treatment	Contact MRHP for BG above 14.0 mmol/L OR above identified individualized target _____ mmol/L		
<input type="checkbox"/> Self-Managed Glucose Monitoring <i>Patient may use own home device such as home BG monitor, continuous glucose monitor (rtCGM or isCGM) for the self management of diabetes care. AHS POCT BG monitoring still mandatory. Document home glucose results on the hospital chart.</i>			
<input type="checkbox"/> Notify MRHP – Antepartum Glucose Management			
<ul style="list-style-type: none"> • BG greater than: _____ mmol/L • BG less than: _____ mmol/L 			
<input checked="" type="checkbox"/> Contact Diabetes Care Provider or MRHP if patient is having hypoglycemic or hyperglycemic events that are not being easily addressed			
<input checked="" type="checkbox"/> Initiate appropriate HYPO or HYPER glycemia procedure when BG targets are not met as per the AHS Glycemic Management Policy <i>Do not hold insulin without prescriber order.</i>			
Laboratory Investigation Routine			
Chemistry			
<i>If patient has symptoms of Diabetic Ketoacidosis order Beta-Hydroxybutyrate if available. Activate if patient has BG greater than 14.0 mmol/L and/or symptoms of Diabetic Ketoacidosis. Symptoms include (but not limited to) polyuria, thirst, nausea/vomiting, abdominal pain, weakness, mental status change, recent weight loss, and coma.</i>			
<input checked="" type="checkbox"/> Beta-Hydroxybutyrate, Conditional, PRN			
Urine			
<i>Beta-Hydroxybutyrate (serum ketones) preferred over Urine Ketones for diagnosis of DKA.</i>			
<input type="checkbox"/> Urinalysis			
<input type="checkbox"/> Urinalysis POCT - Urine Ketones			
Prescriber Name	Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)

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Antepartum		
Medications		
Diabetic Agents		
<p><i>Patients with type 1 diabetes mellitus require ongoing insulin in hospital. Patients who are not eating and drinking must still receive basal and correction insulin or be switched to insulin infusion. Patients who are eating and drinking will also require bolus insulin.</i></p> <p><i>Clinical Decision Support for Management of BG while on Steroids as per Diabetes Canada – may use based on clinical judgement. Note: most patients will need more than these minimal increases.</i></p>		
Following the first dose of betamethasone		
Day 1	Increase the night insulin doses by 25%	
Days 2 & 3	Increase all pre-steroid insulin doses by 40%	
Day 4	Increase all pre-steroid insulin doses by 20%	
Day 5	Increase all pre-steroid insulin doses by 10 to 20%	
Days 6 & 7	Gradually taper insulin doses to pre-steroid doses	
<input type="checkbox"/> Basal Bolus Insulin Therapy - Form 20889 <i>(individualized to the patient's needs)</i> OR <input type="checkbox"/> In-Hospital Orders for Self-Management of Insulin Pump- Form 20102 <i>(if appropriate)</i>		
Consults/Referrals		
Inpatient Specialty Consults <input type="checkbox"/> Nursing Communication: Notify on call diabetes specialist of patient's admission <input type="checkbox"/> Diabetes Educator <input type="checkbox"/> Obstetrics <input type="checkbox"/> Neonatology <input type="checkbox"/> Nutrition Services <input type="checkbox"/> Obstetric Medicine/OBIM <input type="checkbox"/> Endocrinology <input type="checkbox"/> Internal Medicine		
Request for Other Service <input type="checkbox"/> Inpatient Consult <i>(other)</i> : _____		
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Intrapartum		
<i>All patients with Type 1 DM require insulin at all times. IV insulin infusion is preferred during labour.</i>		
Patient Care		
<input checked="" type="checkbox"/> Glucose Meter POCT– Prior to Active Labour Monitor 4 times per day 15 to 30 minutes before scheduled meals and at bedtime AND PRN for suspected hypoglycemia		
<input checked="" type="checkbox"/> Glucose Meter POCT– Every 1 hour during active labour. POCT glucose result used for initiation and titration with the Pregnancy Insulin and Dextrose infusion tables 1,2 and 3. <i>Only AHS POCT BG device to be used to initiate and monitor IV insulin infusion.</i>		
<input checked="" type="checkbox"/> Active Labour Glucose Targets <i>Once in active labour BG targets are 4.0-7.0 mmol/L during labour and delivery. Prior to active labour and patient still able to eat full meals, use usual antepartum management. Only AHS POCT BG device to be used to initiate and monitor IV insulin infusion.</i>		
<input checked="" type="checkbox"/> Placenta Delivery When the Placenta delivers: <ul style="list-style-type: none"> • DECREASE IV insulin infusion to 0.5 units/hr. CONTINUE to titrate insulin hourly according to Table 2 and 3 as required. • DISCONTINUE IV insulin 2 hours after SUBCUTANEOUS insulin is administered. • DISCONTINUE D10W IV once patient eating and drinking post delivery. 		
<input checked="" type="checkbox"/> Intrapartum Oral Hypoglycemia Treatment Patient may have oral treatment for hypoglycemia as per AHS Hypoglycemia Procedure while NPO. Follow procedure for follow up care of patient while NPO. Contact Diabetes Care Provider or MRHP if patient is experiencing hypoglycemic or hyperglycemic events that are not being easily addressed.		
<input checked="" type="checkbox"/> Notify on call diabetes specialist of patient's admission, if not previously called.		
<input type="checkbox"/> Notify MRHP – Intrapartum Glucose Management <ul style="list-style-type: none"> • BG greater than: _____ mmol/L • BG less than: _____ mmol/L 		
Medication		
Diabetic Agents		
IV Insulin Infusion during Labour <i>(refer to tables):</i>		
<input checked="" type="checkbox"/> Insulin Regular (HumuLIN R®) (Add 1 mL of insulin regular 100 units/mL to 100 mL of NS) variable rate insulin infusion as per Pregnancy BG POCT and Insulin Infusion Tables T1 DM		
<input checked="" type="checkbox"/> D10W IV continuous infusion as per Pregnancy BG POCT and Insulin Infusion Tables T1 DM		
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Postpartum		
Diet and Nutrition		
<input checked="" type="checkbox"/> Adult Diet – Diabetic Pregnancy (2000-2200 kcal)		
Patient Care		
<input checked="" type="checkbox"/> Glucose Meter POCT – every 1 hour while on IV insulin infusion. <i>When patient transitioned to subcutaneous insulin</i>		
<input checked="" type="checkbox"/> Glucose Meter POCT – 4 times per day 15 to 30 minutes before scheduled meals and at bedtime AND PRN for suspected hypoglycemia. <i>Postpartum BG targets 5.0 – 10.0 mmol/L or individualized identified targets.</i>		
<input type="checkbox"/> Self-Managed Glucose Monitoring <i>Patient may use own home device such as home BG monitor, continuous glucose monitor or (rtCGM or isCGM) for the self management of diabetes care. AHS POCT BG monitoring still mandatory. Document home glucose results on the hospital chart.</i>		
<input checked="" type="checkbox"/> Placenta Delivery When the Placenta delivers: <ul style="list-style-type: none"> • DECREASE IV insulin infusion to 0.5 units/hr. CONTINUE to titrate insulin hourly according to Table 2 and 3 as required. • DISCONTINUE IV insulin 2 hours after SUBCUTANEOUS insulin is administered. • DISCONTINUE D10W IV once patient eating and drinking post delivery. 		
<input type="checkbox"/> Notify MRHP, Postpartum Glucose Targets <i>Refer to AHS Glycemic Management Policy for treatment of hypoglycemia (below 4.0 mmol/L) and hyperglycemia (above 18.0 mmol/L).</i> <ul style="list-style-type: none"> • BG greater than _____ mmol/L • BG less than _____ mmol/L • Other _____ 		
Medications		
<ul style="list-style-type: none"> • <i>Prescriber to specify medication order(s) for insulin.</i> • <i>Determine when patient gets usual basal insulin so that can be taken into account when prescribing insulin.</i> • <i>Guidelines for insulin requirement drop after delivery: consider using insulin doses approximately 65% of pre pregnancy doses.</i> • <i>Subcutaneous insulin required to be given 2 hours prior to stopping IV insulin to avoid risk of Diabetic Ketoacidosis. Basal insulin recommended, consult diabetes specialist for instructions if basal insulin administration not scheduled for this time.</i> 		
Diabetic Agents		
<input type="checkbox"/> Basal Bolus Insulin Therapy Form 20889 (individualized to the patient's needs) OR <input type="checkbox"/> In-Hospital Orders for Self-Management of Insulin Pump Form 20102 (if appropriate)		
Discharge Instructions / Follow Up		
<input type="checkbox"/> Family Practice Physician: Follow up in _____ weeks <input type="checkbox"/> Diabetes in Pregnancy Clinic: Follow up in _____ weeks <input type="checkbox"/> Internal Medicine: Follow up in _____ weeks <input type="checkbox"/> Endocrinologist: Follow up in _____ weeks <input type="checkbox"/> Other: _____		
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Diabetes Medication Management Type 1 Diabetes Mellitus (DM) when NPO		
Medication		
Diabetic Agents		
<input type="checkbox"/> Basal Bolus Insulin Therapy - Form 20889 <i>(individualized to the patient's needs)</i>		
<input type="checkbox"/> In-Hospital Orders for Self-Management of Insulin Pump - Form 20102 <i>(if appropriate)</i>		
OR		
<input type="checkbox"/> Insulin Regular (HumuLIN R®) (Add 1 mL of insulin regular 100 units/mL to 100 mL of NS) variable rate insulin infusion as per Table Pregnancy BG POCT and Insulin Infusion Table T1DM		
<input type="checkbox"/> D10W IV continuous infusion as per Pregnancy BG POCT and Insulin Infusion Table T1DM		
Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>

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Table 1: Initiation of insulin infusion for T1 DM. Adjust rates per Tables 2 and 3.	
POCT Glucose Reading (mmol/L)	Insulin and Dextrose Instructions
Less than or equal to 4.0	DO NOT start insulin Follow HYPOglycemia procedure Initiate insulin per Table 1 once POCT glucose is greater than 4.0 mmol/L
4.1 – 8.0	START insulin at 0.5 unit/hour START D10W at 50 mL/hour
8.1 – 12.0	START insulin at 1 unit/hour START D10W at 50 mL/hour
12.1 and above	START insulin at 2 unit/hour DO NOT start D10W.
Table 2: Insulin/D10W Rate Adjustment (USE TABLE 3 if POCT blood glucose drops by more than 2 mmol/L in one hour)	
POCT Glucose Reading (mmol/L)	Insulin and Dextrose Instructions
Less than or equal to 3.0	STOP insulin infusion. Follow HYPOglycemia procedure
3.1 - 3.9	DECREASE insulin rate by 1 unit/hour OR STOP if insulin rate is 1 unit/hour or less Follow HYPOglycemia procedure
4.0 – 7.0	DO NOT change insulin rate CONTINUE (or START) D10W at 50 mL/hour
7.1 – 8.0	INCREASE insulin rate by 0.5 unit/hour CONTINUE (or START) D10W at 50 mL/hour
8.1 - 9.0	INCREASE insulin rate by 1 unit/hour CONTINUE (or START) D10W at 50 mL/hour
9.1 - 10.0	INCREASE insulin rate by 1.5 unit/hour CONTINUE (or START) D10W at 50 mL/hour
10.1 – 12.0	INCREASE insulin rate by 2 unit/hour CONTINUE (or START) D10W at 50 mL/hour
12.1 and above	INCREASE insulin rate by 2 unit/hour HOLD D10W for 1 hour
If insulin infusion is stopped, RESTART at 0.5 units/hour when POCT glucose rises to greater than 4.5 mmol/L.	
Table 3 Adjustment: Infusion rate when POCT blood glucose DROPS by 2 mmol/L or more in one hour	
POCT Glucose Reading (mmol/L)	Insulin and Dextrose Instructions
Less than or equal to 4.0	STOP Insulin Infusion Follow HYPOglycemia procedure
4.1 - 5.0	STOP Insulin Infusion INCREASE D10W to 100 mL/hour for 1 hour
5.1 and above	If previous insulin rate is less than or equal to 2 units/hour, STOP insulin infusion If previous insulin rate more than 2 units/hour - REDUCE insulin rate to 1 unit/hour INCREASE D10W to 100 mL/hour for 1 hour
If insulin infusion is stopped, RESTART at 0.5 units/hour when POCT glucose rises to greater than 4.5 mmol/L.	