

Form Title **Diabetes in Pregnancy: Type 2 Diabetes Mellitus (T2 DM) or Gestational Diabetes Mellitus (GDM), Adult - Inpatient Order Set**

Form Number **21556Bond**

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## Diabetes in Pregnancy: Type 2 Diabetes Mellitus (T2 DM) or Gestational Diabetes Mellitus (GDM), Adult - Inpatient Order Set

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
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	

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

<b>Antepartum</b>			
<i>If type of diabetes is unknown, treat patient as type 1 diabetes mellitus and consult endocrinologist or diabetes specialist.</i>			
<b>Diet and Nutrition</b>			
<input checked="" type="checkbox"/> Adult Diet – Diabetic Pregnancy (2000-2200 kcal)			
<b>Monitoring and Patient Care</b>			
<b>Glucose Meter Point of Care Treatment (POCT): Choose One</b>			
<input type="checkbox"/> Fasting and 1 hour after meal times, daily			
<input type="checkbox"/> Fasting and 2 hours after meal times, daily			
Optional Additional Testing			
<input type="checkbox"/> 4 times per day 15 to 30 minutes before scheduled meals and at bedtime <b>AND</b> PRN for suspected hypoglycemia, daily			
<input type="checkbox"/> At 0200 hours daily			
<input type="checkbox"/> Every _____ hours			
<b>Blood Glucose (BG) Targets</b>			
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 <b>OR</b> if BG not easily corrected.		
Hyperglycemia treatment	Contact MRHP for BG above 14.0 mmol/L <b>OR</b> 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 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 type="checkbox"/> Notify MRHP – Antepartum Glucose Management			
<ul style="list-style-type: none"> <li>• BG greater than: _____ mmol/L</li> <li>• BG less than: _____ mmol/L</li> </ul>			
<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			
<b>Laboratory Investigation Routine</b>			
<b>Chemistry</b>			
<i>If patient has symptoms of Diabetic Ketoacidosis order Beta-Hydroxybutyrate if available. Activate if patient has BG greater than 18.0 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			
<b>Urine</b>			
<i>Serum Ketones (beta hydroxybutyrate) 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 <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>

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### Antepartum

#### Medications

#### Diabetic Agents

*Clinical Decision Support for Management of BG while on Steroids as per Diabetes Canada – may use based on clinical judgement. This was tested on Type 1 DM and may not be adequate for GDM or Type 2 DM.*

*Note: most patients will need more than these minimal increases.*

#### Following the first dose of betamethasone

Day 1	Increase the night insulin doses by <b>25%</b>
Days 2 & 3	Increase <b>all</b> pre-steroid insulin doses by <b>40%</b>
Day 4	Increase <b>all</b> pre-steroid insulin doses by <b>20%</b>
Day 5	Increase <b>all</b> pre-steroid insulin doses by <b>10 to 20%</b>
Days 6 & 7	Gradually taper insulin doses to pre-steroid doses

Basal Bolus Insulin Therapy - **Form 20889** *(individualized to the patient's needs)*

#### OR

In-Hospital Orders for Self-Management of Insulin Pump - **Form 20102** *(if appropriate)*

metFORMIN Tablet \_\_\_\_\_ mg, frequency \_\_\_\_\_

First dose today at \_\_\_\_\_ (HH:MM)

#### Consults/Referrals

##### Inpatient Specialty Consults

- Nursing Communication: Notify on call diabetes specialist of patient's admission
- Diabetes Educator
- Obstetrics
- Neonatology
- Nutrition Services
- Obstetric Medicine/OBIM
- Endocrinology
- Internal Medicine

##### Request for Other Service

Inpatient Consult *(other)*: \_\_\_\_\_

Prescriber Signature

Date *(dd-Mon-yyyy)*

Time *(hh:mm)*

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<b>Intrapartum Type 2 Diabetes Mellitus (T2 DM) or Gestational Diabetes (GDM) Management</b>		
<i>If type of diabetes is unknown, treat patient as type 1 diabetes mellitus and consult endocrinologist or diabetes specialist.</i>		
<b>Patient Care</b>		
<input type="checkbox"/> Glucose Meter POCT – Prior to active labour, monitor fasting, 2 hours after meals <b>AND</b> PRN for suspected hypoglycemia		
<input checked="" type="checkbox"/> Glucose Meter POCT– Every 1 hour during active labour or when NPO. If POCT glucose result remains <b>less than 7.0 mmol/L after 2 hours</b> once in active labour or while NPO, <b>reduce</b> frequency of POCT monitoring to <b>every 4 hours</b> until delivery. If POCT result is greater than 7.0 mmol/L after 2 hours once in active labour or NPO refer to <b>Table A: Insulin Initiation for Persistent Hyperglycemia Requiring IV Insulin Treatment in Type 2 DM &amp; GDM. ONLY AHS POCT blood glucose device to be used to initiate or monitor IV insulin infusion</b>		
<input checked="" type="checkbox"/> 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.		
<input checked="" type="checkbox"/> Patient may have oral treatment for hypoglycemia as per <b>AHS Hypoglycemia Procedure</b> 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"/> Placenta Delivery When the Placenta delivers: <ul style="list-style-type: none"> <li>• <b>DISCONTINUE D10W</b> when patient is eating and drinking post-delivery</li> <li>• <b>STOP insulin infusion</b> <i>(if applicable)</i></li> </ul>		
<input type="checkbox"/> Notify MRHP – Intrapartum Glucose Management <ul style="list-style-type: none"> <li>• BG greater than: _____ mmol/L</li> <li>• BG less than: _____ mmol/L</li> </ul>		
<b>Medication</b>		
<b>Diabetic Agents</b>		
<b>IV Insulin Infusion During Labour (refer to tables):</b>		
<input checked="" type="checkbox"/> D10W IV continuous infusion as per <b>Pregnancy BG POCT and Insulin Infusion Table T2DM and GDM</b>		
<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 <b>Pregnancy BG POCT and Insulin Infusion Tables T2 DM and GDM</b> if required as per Table A		
Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>

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<b>Postpartum Type 2 Diabetes Mellitus (T2 DM)</b>		
<b>Diet and Nutrition</b>		
<input checked="" type="checkbox"/> Adult Diet – Diabetic Pregnancy <i>(2000-2200 kcal)</i>		
<b>Patient Care</b>		
<input checked="" type="checkbox"/> Glucose Meter POCT – 4 times per day 15 to 30 minutes before scheduled meals and at bedtime <b>AND</b> 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 (rtCGM or isCGM) monitor for the self management of diabetes care. AHS POCT Blood Glucose monitoring still mandatory. Document home glucose results on the hospital chart.</i>		
<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"> <li>• BG greater than _____ mmol/L</li> <li>• BG less than _____ mmol/L</li> <li>• Other _____</li> </ul>		
<b>Medications</b>		
<i>Pre-pregnancy diabetes medication, adjusted as required. Metformin, Glyburide and insulin are compatible with breastfeeding.</i>		
<b>Diabetic Agents</b>		
<input type="checkbox"/> Basal Bolus Insulin Therapy <b>Form 20889</b> <i>(individualized to the patient's needs)</i>		
<b>OR</b>		
<input type="checkbox"/> In-Hospital Orders for Self-Management of Insulin Pump <b>Form 20102</b> <i>(if appropriate)</i>		
<input type="checkbox"/> metFORMIN Tablet _____ mg, frequency _____ First dose today at _____		
<input type="checkbox"/> glyBURIDE Tablet _____ mg BID First dose today at _____		
<input type="checkbox"/> Other: _____		
<b>Discharge Instructions / Follow Up</b>		
<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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<b>Postpartum Gestational Diabetes Mellitus (GDM)</b>		
<b>Diet and Nutrition</b>		
<input checked="" type="checkbox"/> Adult Diet – Diabetic Pregnancy <i>(2000-2200 kcal)</i>		
<b>Patient Care</b>		
<i>Gestational Diabetes resolves postpartum in most women. If hyperglycemia persists, evaluate for Type 2 Diabetes.</i>		
<input checked="" type="checkbox"/> Glucose Meter POCT – 4 times daily 15-30 minutes before meals and at bedtime, for 24 hours postpartum.		
<input checked="" type="checkbox"/> If any value of POCT BG is greater than 7.0 mmol/L fasting or pre-meals continue POCT BG monitoring 4 times daily 15-30 minutes before meals and at bedtime. Call diabetes care provider or MRHP		
<b>Discharge Instructions / Follow Up</b>		
<input type="checkbox"/> Discharge Follow Up – Provide Lab Requisition for 2 hour Oral Glucose Tolerance Test to be done 6 weeks postpartum		
<input type="checkbox"/> Discharge Follow Up – Family Practice Physician: Follow up in _____ weeks		
<input type="checkbox"/> Discharge Follow Up – Other: _____		
Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>

<b>Table A: Insulin Initiation for Persistent Hyperglycemia Requiring IV Insulin Treatment in Type 2 DM &amp; GDM</b>	
<b>POCT Glucose Reading (mmol/L)</b>	<b>Insulin and Dextrose Instructions</b>
Less than or equal to 4.0	DO NOT start insulin Follow HYPOglycemia procedure, Notify MRHP
4.1 - 7.0	DO NOT start insulin DO NOT start D10W
7.1 - 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
Greater than 12.0	START insulin at 2 unit/hour DO NOT start D10W
<b>Table B: Insulin/D10W Rate Adjustment (USE TABLE C if POCT blood glucose drops by more than 2 mmol/L in one hour)</b>	
<b>POCT Glucose Reading (mmol/L)</b>	<b>Insulin and Dextrose Instructions</b>
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
Greater than 12.0	INCREASE insulin rate by 2 unit/hour STOP D10W for 1 hour
<b>If insulin infusion is stopped, restart at 0.5 units/hour when POCT glucose rises to greater than 4.5 mmol/L.</b>	
<b>Table C Adjustment: Infusion rate when POCT blood glucose DROPS by 2 mmol/L or more in one hour</b>	
<b>POCT Glucose Reading (mmol/L)</b>	<b>Insulin and Dextrose Instructions</b>
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
Greater than 5.0	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
<b>If insulin infusion is stopped, restart at 0.5 units/hour when POCT glucose rises to greater than 4.5 mmol/L.</b>	