Peripartum Diabetes Management Oral Agents and Subcutaneous Insulin [3341]

TARGET BLOOD GLUCOSE: Fasting LESS than 95 mg/dL, Pre-meal LESS than 95 mg/dL, 1 hour postprandial LESS than 140 mg/dL, and 2 hours postprandial LESS than 120 mg/dL

Providers: If patient has active insulin / non-insulin ANTIHYPERGLYCEMIC orders, please consider discontinuing.

General

Diagnosis (ICD CODE)

[ ]	Pre-existing type 1 diabetes mellitus during pregnancy in first trimester	Details
[ ]	Pre-existing type 1 diabetes mellitus during pregnancy in second trimester	Details
[ ]	Pre-existing type 1 diabetes mellitus during pregnancy in third trimester	Details
[ ]	Pre-existing type 2 diabetes mellitus during pregnancy in first trimester	Details
[ ]	Pre-existing type 2 diabetes mellitus during pregnancy in second trimester	Details
[ ]	Pre-existing type 2 diabetes mellitus during pregnancy in third trimester	Details
[ ]	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester	Details
[ ]	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester	Details
[ ]	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester	Details
[ ]	Gestational diabetes mellitus in pregnancy	Details

Target Blood Glucose

[X]	Peripartum Diabetes Management: target blood glucose	Routine, Until discontinued, Starting S -Fasting: LESS than 95 mg/dL -Pre-meal: LESS than 95 mg/dL -1 hour postprandial: LESS than 140 mg/dL -2 hours postprandial: LESS than 120 mg/dL

Discontinue Insulin Infusion

[X]	Discontinue Insulin infusion	Routine, Once For 1 Occurrences If on an insulin infusion, discontinue infusion in 2 hour(s) after first basal (long-acting) insulin dose

Finger Stick Blood Glucose (FSBG) Monitoring - choose all that apply (Selection Required)

[ ]	Bedside glucose - 2 hours postprandial, AC and HS (at bedtime)	**"And" Linked Panel**
	[ ] Bedside glucose - 2-hours postprandial	Routine, Postprandial Bedside glucose - 2 hours postprandial
	[ ] Bedside glucose - before meals and at HS (at bedtime)	Routine, 4 times daily before meals and at bedtime
[ ]	Bedside Glucose - Fasting and 1-hour postprandial	**"And" Linked Panel**
	[ ] Bedside glucose - Fasting	Routine, Daily Bedside glucose - Fasting
	[ ] Bedside glucose - 1 hour postprandial	Routine, Postprandial Bedside glucose - 1 hour postprandial
[ ]	Bedside Glucose - Fasting and 2-hours postprandial	**"And" Linked Panel**
	[ ] Bedside glucose - Fasting	Routine, Daily Bedside glucose - Fasting
	[ ] Bedside glucose - 2hour postprandial	Routine, Postprandial Bedside glucose - 2 hours postprandial
[ ]	Bedside glucose - Every 2 hours	Routine, Every 2 hours

[ ] Bedside glucose - every 4 hours (for patients on continuous enteral feeds, TPN or NPO)	Routine, Every 4 hours
[ ] Bedside glucose at 2 am	Routine, Daily at 0200

Notify

[X] Notify Provider	Routine, Until discontinued, Starting S, For blood glucose less than 70 mg/dL, or greater than 200 mg/dL, and if 1 hour postprandial blood glucose greater than 140 mg/dL

Diet

[ ] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
[ ] Diet - 2000 Kcal/225 gm Carb	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

Hypoglycemia Management

Hypoglycemia Management (Single Response) (Selection Required)

(X) Adult Hypoglycemia Standing Orders (Selection Required)	

[X]	HYPOglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders	Routine, Per unit protocol HYPOglycemia is defined as glucose less than 70 mg/dL If INITIAL bedside glucose is LESS than 40 mg/dL: Send serum glucose level STAT. If Patient is with altered mental status or has clinical signs or symptoms of HYPOglycemia, initiate treatment immediately. If patient has IV access, give 50% Dextrose, 25 gm, 50 mL intravenous push, ONCE. If patient does NOT have IV access, give Glucagon 1 mg intramuscularly ONCE. Notify provider of hypoglycemia and treatment given. Do not give further insulin or any oral HYPOglycemia agent until ordered by a prescriber. Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL. If INITIAL bedside glucose is between 41-69 mg/dL: If patient is able to swallow and is NOT NPO, may give 4 oz (120 mL) of juice If patient is NPO or unable to swallow and has IV access, give 50% Dextrose, 12.5 gm, 25 mL intravenous push ONCE If patient is NPO or unable to swallow and does NOT have IV access, give Glucagon 1 mg intramusculary ONCE. Notify provider of hypoglycemia and treatment given. Do not give further insulin or any oral HYPOglycemia agent until ordered by a prescriber. Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL. If SECOND bedside glucose is LESS than 70 mg/dL: If second bedside glucose is LESS than 70 mg/dL, send serum glucose level STAT. If patient is with altered mental status or has clinical signs or symptoms of HYPOglycemia, initiate treatment immediately. If patient has IV access, give 50% Dextrose, 25 gm, 50 mL intravenous push, ONCE If patient does NOT have IV access, give Glucagon 1 mg intramusculary ONCE Notify provider of hypoglycemia and treatment given. Do not give further insulin or any oral HYPOglycemia agent until ordered by a prescriber. Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL. If SECOND bedside glucose is between 70-100 mg/dL: Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL. If THIRD bedside glucose is LESS than 70 mg/dL, initiate continuous IV Therapy for the patient not responding to other interventions 10% dextrose Infusion, 500 mL, Initiate at 40 mL per hour for bedside glucose LESS than 70 mg per dL after treatment with two doses of 50% dextrose IV push or two doses of glucagon intramuscularly. Bedside glucose every hour while on 10% dextrose infusion. Titrate by 10 mL per hour to keep glucose between 100 and 140 mg per dL. Notify ordering provider when 10% dextrose infusion is started, if glucose is LESS than 70 mg per dL while on 10% dextrose, AND when 10% dextrose rate is increased GREATER than 100 mL per hour. If THIRD bedside glucose is between 70-100 mg/dL: Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg per dL. CLICK REFERENCE LINKS TO OPEN ALGORITHM AND ORDERS:

[X] dextrose 50% intravenous syringe	12.5 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is between 41-69 mg/dL Give ½ cup juice if patient is able or 50% dextrose 12.5 g (25 mL) IV push ONCE. Contact the provider and recheck blood glucose in 20 minutes. DO NOT give further insulin until ordered by a provider
[X] dextrose 50% intravenous syringe	25 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is 40 mg/dL or LESS Give 50% dextrose 25 g (50 mL) IV push ONCE, contact the provider and recheck in 20 minutes. DO NOT give further insulin until ordered by a provider
[X] glucagon injection	1 mg, intramuscular, every 15 min PRN, low blood sugar, if patient NPO, unable to swallow safely with no IV access. If glucose remains LESS than 70 mg/dL, after 2 doses of D50 or Glucagon, send serum glucose level STAT. Initiate treatment immediately after lab drawn. Do NOT delay treatment waiting for lab result. Recheck blood sugar every 20 min until greater than 100 mg/dL. Notify Provider.
[X] dextrose 10 % infusion	40 mL/hr, intravenous, continuous PRN, other, For bedside glucose LESS than 70 mg/dL Notify Provider, consider transfer to ICU. Check Glucose every hour while on D10 infusion. Titrate infusion by 10 mL per hour to keep glucose between 100 and 140 mg/dL. Notify provider when ANY/ALL of the following occur: -Dextrose 10% infusion is started -If glucose is less than 70 mg/dL while on dextrose 10% infusion -When dextrose 10% infusion rate is increased to greater than 100 mL/hr

Subcutaneous Insulin Dosing (choose all that apply)

Basal Insulin

Insulin NPH (NovoLIN-N, HumuLIN-N)
- If patient is NPO, give half the dose.

Insulin glargine (LANTUS)
- May order for patient admitted on stable home regimen prior to admission.
- Pregnancy category C.

Insulin detemir (LEVEMIR)
- Manage as non-formulary medication.
- Patient may use own supply.
- Pregnancy category B.

[ ] Insulin NPH (HumuLIN-N)	
[ ] insulin NPH (HumuLIN-N) - (BREAKFAST Dose)	subcutaneous, daily before breakfast If NPO give half dose of scheduled NPH
[ ] insulin NPH (HumuLIN-N) - (DINNER Dose)	subcutaneous, daily before dinner If NPO give half dose of scheduled NPH
[ ] insulin NPH (HumuLIN-N) - (BEDTIME Dose)	subcutaneous, nightly If NPO give half dose of scheduled NPH
[ ] Insulin glargine (Lantus)	
[ ] insulin glargine (LANTUS) injection - (BREAKFAST Dose)	subcutaneous, daily before breakfast DO NOT HOLD glargine without a prescriber order
[ ] insulin glargine (LANTUS) injection - (BEDTIME Dose)	subcutaneous, nightly DO NOT HOLD glargine without a prescriber order
[ ] insulin detemir (LEVEMIR) injection	

- Manage as non-formulary item.
- Patient may use own medication.

[ ] insulin detemir (LEVEMIR) injection - (BREAKFAST Dose)	subcutaneous, daily before breakfast DO NOT HOLD detemir without a prescriber order. Pharmacy: Dispense as non-formulary medication pre-approved by P&T Committee for Peripartum Use (Category B)

[ ]	insulin detemir (LEVEMIR) injection - (BEDTIME Dose)	subcutaneous, nightly DO NOT HOLD detemir without a prescriber order Pharmacy: Dispense as non-formulary medication pre-approved by P&T Committee for Peripartum Use (Category B)

Mealtime Insulin (Single Response)

( ) Insulin lispro (HumaLOG) injection (Standard Mealtime Dosing)

[ ] Before Breakfast - insulin lispro (ADMELOG) (Single Response)

( )	Before Breakfast - insulin lispro (AdmeLOG) injection	subcutaneous, daily before breakfast If NPO, hold the dose of mealtime insulin. May be given up to 10 minutes before meal or immediately after meal if oral intake is uncertain. If corrective insulin dose is needed, add the mealtime insulin dose.

[ ] Before Lunch - insulin lispro (ADMELOG) (Single Response)

( )	Before Lunch - insulin lispro (AdmeLOG) injection	subcutaneous, daily before lunch If NPO, hold the dose of mealtime insulin. May be given up to 10 minutes before meal or immediately after meal if oral intake is uncertain. If corrective insulin dose is needed, add the mealtime insulin dose.

[ ] Before Dinner - insulin lispro (ADMELOG) (Single Response)

( )	Before Dinner - insulin lispro (AdmeLOG) injection	subcutaneous, daily before dinner If NPO, hold the dose of mealtime insulin. May be given up to 10 minutes before meal or immediately after meal if oral intake is uncertain. If corrective insulin dose is needed, add the mealtime insulin dose.

[ ] With Snacks - insulin lispro (ADMELOG) (Single Response)

( )	With Snacks - insulin lispro (AdmeLOG) injection	subcutaneous, with snacks, high blood sugar If NPO, hold the dose of mealtime insulin. May be given up to 10 minutes before meal or immediately after meal if oral intake is uncertain. If corrective insulin dose is needed, add the mealtime insulin dose.

Corrective Insulin

[ ] Pre-Meal Corrective Insulin (Single Response)

( )	Low Dose - insulin lispro (AdmeLOG) injection	0-7 Units, subcutaneous, 3 times daily before meals
( )	Medium Dose - insulin lispro (AdmeLOG) injection	0-12 Units, subcutaneous, 3 times daily before meals
( )	High Dose - insulin lispro (AdmeLOG) injection	0-14 Units, subcutaneous, 3 times daily before meals
( )	Custom Dose - insulin lispro (AdmeLOG) injection	subcutaneous, 3 times daily before meals

[ ] 2-hour Postprandial Corrective Insulin (Single Response)

( )	Low Dose - insulin lispro (AdmeLOG) injection	0-7 Units, subcutaneous, Postprandial - 2 hours after meals
( )	Medium Dose - insulin lispro (AdmeLOG) injection	0-12 Units, subcutaneous, Postprandial - 2 hours after meals
( )	High Dose - insulin lispro (AdmeLOG) injection	0-14 Units, subcutaneous, Postprandial - 2 hours after meals
( )	Custom Dose - insulin lispro (AdmeLOG) injection	subcutaneous, Postprandial - 2 hours after meals

[ ] Intrapartum Corrective Insulin (Single Response)
(consider insulin drip if blood glucose greater than 140 x 2 times)

( )	Low Dose - insulin lispro (AdmeLOG) injection	0-7 Units, subcutaneous
( )	Medium Dose - insulin lispro (AdmeLOG) injection	0-12 Units, subcutaneous
( )	High Dose - insulin lispro (AdmeLOG) injection	0-14 Units, subcutaneous

( )	Custom Corrective Scale - insulin lispro (AdmeLOG) Corrective injection	subcutaneous

Medications

Oral Medications

(Hold glyburide if patient is NPO or glucose less than 70 mg/dL)

[ ]	glyBURIDE (DIABETA) tablet	5 mg, oral, daily with breakfast Hold glyburide if patient is NPO or glucose less than 70 mg/dL)
[ ]	metFORMIN (GLUCOPHAGE) tablet	500 mg, oral, 2 times daily with meals

Labs

Laboratory

[ ]	Hemoglobin A1c	Once
[ ]	Basic metabolic panel	Once
[ ]	Comprehensive metabolic panel	Once
[ ]	Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
[ ]	Protein, urine, 24 hour	Once
[ ]	Creatinine level, urine, 24 hour	Once

Consults

Consults

[ ]	Consult Maternal and Fetal Medicine	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
[ ]	Consult Diabetes/Endocrinology/Insulin Pump Therapy	Reason for Consult? Diabetes Management/Insulin pump therapy Patient/Clinical information communicated? Patient/clinical information communicated?
[X]	Consult Nutrition Services	Reason For Consult? Purpose/Topic:
[X]	Consult Diabetes Educator	Reason for Consult:
[ ]	Ambulatory referral to Diabetic Education	Internal Referral Let me know if the patient declines service or is unable to be contacted? No File referral to ordering clinic?