

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page

Diagnosis: _____

Allergies with reaction type: _____

OB Type 1 Diabetes Intrapartum

Version 2 7/8/2014

Nursing Orders

- Point of Care Capillary Blood Glucose every hour
- Point of Care Urine Dipstick for protein and ketones- Once
- Do not use lactated ringer's solutions Use normal saline for bolus prior to epidural anesthesia.

Notify provider

- IF blood glucose greater than 190 mg/dL and check urine for ketones
- IF Glucose is less than or equal to 70 mg/dL: Initiate Hypoglycemia Treatment Protocol and Notify Provider
- Stop insulin infusion immediately after delivery of placenta
- Other _____

IV Fluids

Dextrose 5% and 0.45% Sodium Chloride IV

- : If blood glucose 60-130 mg/dL infuse at 125 milliliters per hour and follow insulin infusion sliding scale.

Sodium Chloride 0.9% IV

- : If blood glucose greater than 130 mg/dL and infuse at 125 milliliters per hour and follow insulin infusion sliding scale.

Medications

Insulins: Continuous Infusions

insulin regular (HUMULIN R) 250 unit in 250 milliliter 0.9% Sodium Chloride IV

- continuous intravenous infusion 1 unit/hour for blood glucose 91-110 mg/dL; 2 unit/hour for blood glucose 111-130 mg/dL; 3 unit/hour for blood glucose 131-150 mg/dL; 4 unit/hour for blood glucose 151-170 mg/dL; 5 unit/hour for blood glucose 171-190

Laboratory

Admission labs or labs to be obtained now:

- Basic metabolic panel
- Urinalysis (UA) with microscopy
- Other _____

Consults

- Consult to diabetes educator
- Consult to dietitian

Provider Signature: _____ Date: _____ Time: _____