

(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 2 Diabetes Intrapartum**

**Version 2 7/8/2014**

**Nursing Orders**

- Point of Care Capillary Blood Glucose every hour  
Notify provider
  - IF blood glucose is greater than 140 mg/dL
  - Goal is capillary blood glucose 70-90 mg/dL
  - Do not use lactated ringer's solutions Use normal saline for bolus prior to epidural anesthesia.
  - Point of Care Urine Dipstick for protein and ketones- Once
  - IF Glucose is less than or equal to 70 mg/dL: Initiate Hypoglycemia Treatment Protocol and Notify Provider
  - Other \_\_\_\_\_

**IV Fluids**

- Dextrose 5% and 0.45% Sodium Chloride IV
  - : If blood glucose is 60-100 mg/dL infuse at 100 milliliter/hour and follow insulin sliding scale.
- Sodium Chloride 0.9% IV
  - : If blood glucose greater than 101 mg/dL and infuse at 100 milliliter/hour and follow insulin sliding scale.

**Medications**

- Insulins: Short-acting  
insulin regular (HUMULIN R)
  - 2 unit subcutaneously for blood glucose 121-140 mg/dL
  - 4 unit subcutaneously for blood glucose greater than 141 mg/dL

**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, adult

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_