

MANAGEMENT OF DIABETES IN LABOUR

Hospital: Ward:..... Consultant:	Hospital Number: Surname: First Name: Address: ADDRESSOGRAPH Date of Birth:				
Dosing Algorithm			Algorithm guide		
Algorithm	1 < 80 units/day	2 > 80 units/day	3 Uncontrolled on 2		
CBG (mmol/l)	Infusion rate (units/hr)				
< 5.0	Stop insulin 20 minutes				
5.0-5.5	0.2	0.5	1.0		
5.6-7.0	0.5	1.0	2.0		
7.1-8.5	1.0	1.5	3.0		
8.6-11.0	1.5	2.0	4.0		
11.1-14.0	2.0	2.5	5.0		
14.1-17.0	2.5	3.0	6.0		
17.1-20.0	3.0	4.0	7.0		
> 20.1	4.0	6.0	8.0		
Signed					
Print					
Date					

- All patients should have hourly capillary blood glucose (CBG) measured
- Start VRIII if blood glucose is above target or for those with type 1 diabetes at the start of labour
- Algorithm 1** Most women start here
- Algorithm 2** Use on those using more than 80 units/day
- Algorithm 3** Use for those not achieving target on algorithm 2.
- If not achieving target on these contact the diabetes team or medical registrar out of hours**
- Target BG = 5.0 - 8.0 mmol/l
- Check CBG hourly and every 30 mins under anaesthesia
- Move to a higher algorithm if CBG not dropping
- Move to a lower algorithm if CBG below 5.0 mmol/l or dropping too fast
- Remember to check blood ketones if glucose is above 11.0 mmol/L**

Always continue sub-cutaneous basal insulin
e.g. Humulin I, Levemir, Lantus

Intravenous insulin										
Drug (please tick)	Dose	Volume	Route	Sign	Name	Date	Syringe preparation			
							Prepared by	Date	Time	Time
Actrapid	50 units	49.5 ml normal saline (1 unit/ml)	IV						start	stop
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Intravenous fluid										
Date	Intravenous fluid and rate	Rate	Alt rate	Prescriber	Nurse					
	0.9% Normal Saline, 5% Dextrose, 20 mmol KCl	50ml/hr								
	0.9% Normal Saline, 5% Dextrose, 20 mmol KCl	50ml/hr								

Prescription of intravenous dextrose for management of hypoglycaemia										
Date	Time	Prescription	Volume	Route	Duration	Prescriber	Print	Given by	Time	
		20% Dextrose	100ml	IV	15 mins					

Intravenous insulin, CBG and ketone monitoring chart

- Use for patients on IV insulin monitoring regime
- Use insulin prescription chart for those on subcutaneous insulin

Addressograph

Capillary blood glucose monitoring												
Date	0.00	01.00	02.00	03.00	04.00	05.00	06.00	07.00	08.00	09.00	10.00	11.00
CBG												
Insulin rate												
Ketones												
Sign												
Date	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
CBG												
Insulin rate												
Ketones												
Sign												
Date	0.00	01.00	02.00	03.00	04.00	05.00	06.00	07.00	08.00	09.00	10.00	11.00
CBG												
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Date	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00
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CBG												
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GDM Stop IV insulin and IV fluid when placenta delivered
T1DM or **T2DM** treated with insulin. Reduce VRIII by half once placenta delivered

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Patients with type 1 Diabetes on a pump should be referred to the diabetes team

Maintain IV insulin for 30 minutes after re-starting the subcutaneous insulin regime - IV insulin has a 5 minute half life