

OB Diabetes management focused orderset -changes from ante/postpartum

- Includes added and more intensive correction scales – thanks to Dr. Adams and April Eddy
- Updated medication and consult selection options to align with current ACOG and ADA standards
- Full hypoglycemia orders embedded into this orderset
- CGM/Insulin pump order panel available from this orderset.

Orders

OB Diabetes Management Focused - UPH (MHM) [Manage User Versions](#) [X](#) [R](#)

Use "OB Insulin Infusion Focused" order set to order insulin infusion.

▼ **Diet/Nutrition**

▼ **Diet**

Diet Carbohydrate Controlled

Diet Regular

▼ **Nursing**

▼ **Assessments**

Daily weights
Routine, DAILY

▼ **Interventions**

POCT Glucose
Routine, 6 TIMES DAILY BEFORE & 2 HOURS AFTER MEALS

POCT Glucose
Routine, Fasting and 2 hours after meals

POCT Glucose 3 am
Routine, ONCE, Starting 9/5/25

▼ **Notify Physician**

Notify physician (specify)
Routine, UNTIL DISCONTINUED, Starting 9/5/25, If tests positive for ketones in urine

Notify physician for blood glucose
Routine, UNTIL DISCONTINUED, Starting 9/5/25, Notify physician if blood glucose less than 70 or greater than 150.

▼ **IV Fluids**

▼ **IV Infusion**

Reminder: If the patient is eating and able to tolerate solid food, lactated ringers infusion is recommended. For patients maintained on an insulin drip, especially those who are NPO or have type 1 DM, D5LR is recommended.

0.9% NaCl infusion
Intravenous, CONTINUOUS

dextrose 5 % in lactated ringers infusion
Intravenous, CONTINUOUS

lactated ringers infusion
Intravenous, CONTINUOUS

▼ **Disease Specific Medications**

▼ **Correction Insulin**

Target glucose values using correction scales are 80-120 mg/dL.

Correction Insulin Panel

▼ **Bolus - Meal Time Insulin**

insulin aspart/lispro (NOVOLOG/HUMALOG) panel - Non-Carb Counting

insulin aspart/lispro (NOVOLOG/HUMALOG) panel - Carb Counting

▼ **Basal Insulin**

insulin glargine (LANTUS) subcutaneous
Subcutaneous

insulin NPH (HUMULIN N,NOVOLIN N) injection - vial
Subcutaneous, EVERY MORNING

insulin NPH (HUMULIN N,NOVOLIN N) injection - vial
Subcutaneous, NIGHTLY

▼ **Patient's Own Insulin Pump and CGM**

Continuous Glucose Monitoring/ Insulin Pump Management Panel - ALL UPH and CCH

Nursing communication - Transitioning from IV insulin infusion to insulin pump
Routine, UNTIL DISCONTINUED, If transitioning from IV insulin infusion to insulin pump, start pump 2 hours BEFORE discontinuing IV insulin infusion. Discontinue IV insulin infusion earlier if hypoglycemia develops.

▼ **Medications**

▼ **Hypoglycemics - Oral**

metFORMIN (GLUCOPHAGE) tablet
Oral

metFORMIN XR (GLUCOPHAGE-XR) 24 hr tablet
Oral

▼ Hypoglycemia Management

☑ Hypoglycemia Management

☑ Patient Able to Eat or Drink- Treatment for Blood Glucose less than 70 mg/dL

☑ glucose 15 g oral packet

15-30 g, Oral, as needed, Other, hypoglycemia symptoms and/or glucose less than 70 mg/dL, Starting today at 1500, For 60 days

1. If patient able to eat or drink AND
 - a. If blood glucose (BG) is 54-69 mg/dL give 15 g oral dextrose (15 grams carbs).
 - b. IF BG IS LESS THAN 54 mg/dL, give 30 g oral dextrose (30 grams carbs).
2. Check BG 15 minutes after EACH administration.
3. Repeat treatment up to 2 more times UNTIL BG is greater than or equal to 70 mg/dL. At this time TREATMENT is COMPLETE.
4. Recheck BG 1 hour after treatment is complete.
5. If BG less than 70 mg/dL after 3 BG checks and treatment, OR if patient becomes unable to eat or drink
 - a. NOTIFY provider AND continue treatment with D10 or glucagon per protocol.

☑ 1-2 carb choices (about 15-30 grams of carbohydrates) for blood glucose less than 70 mg/dL

Routine, PRN, Starting today at 1500, Until Specified

Per protocol: hypoglycemia symptoms and/or glucose less than 70 mg/dL. 1. If patient able to eat or drink AND dextrose oral liquid not available OR patient refuses liquid

- a. If blood glucose (BG) is 54-69 mg/dL give 1/2 cup juice, 1/2 cup regular soda pop, OR 1 cup skim milk (15 grams carbs)
- b. IF BG IS LESS THAN 54 mg/dL, give 1 cup juice, 1 cup regular soda pop, OR 2 cups skim milk (30 grams carbs).

2. Check BG 15 minutes after EACH administration. 3. Repeat treatment up to 2 more times UNTIL BG is MORE than 70 mg/dL. At this time TREATMENT is COMPLETE. 4. Recheck BG 1 hour after treatment is complete. 5. If BG less than 70 mg/dL after 3 BG checks and treatment, OR if patient becomes unable to eat or drink

- a. NOTIFY provider AND
- b. Continue treatment with D10 or glucagon per protocol.

☑ If Patient Unable to Eat or Drink- Treatment For Blood Glucose Less than 70 mg/dL

☑ dextrose (D10W) 10% bolus

125-250 mL (12.5-25 g), Intravenous, Administer over 15 Minutes, as needed, Other, hypoglycemia symptoms and/or glucose less than 70 mg/dL, Starting today at 1500, For 60 days

If Patient has IV access AND is unable/unsafe to eat or drink:

Hypoglycemia treatment doses:

1. If blood glucose 54-69 mg/dL: Dextrose 10% 125 mL (12.5 g dextrose) IV infusion over 15 minutes (500 mL/hr)
2. If blood glucose is less than 54 mg/dL: Dextrose 10% 250 mL (25 g dextrose) IV infusion over 15 minutes. (1000 ml/hr)

AND/OR

If Blood glucose less than or equal to 70 mg/dL after 3 oral/enteral treatments:

1. Give dextrose 10% infusion 250 mL over 15 minutes
 - a. Check BG 15 minutes after EACH administration AND NOTIFY provider AND
 - b. Repeat dose 1 time if BG is less than 70 mg/dL.
2. Repeat POC BG 1 hr after first POC result that exceeds 70 mg/dL.
3. If BG is less than 70 mg/dL after 2 treatments of D10, initiate rapid response team or equivalent emergency process

☑ glucagon injection

1 mg, Intramuscular, as needed, Other, hypoglycemia symptoms and/or glucose less than 70 mg/dL, Starting today at 1500, For 60 days
Patient without IV access AND

- a. Blood glucose (BG) is less than 70 mg/dL AND
- b. Patient is unable/unsafe to eat or drink AND/OR
- c. BG less than 70 mg/dL after 3 oral/enteral treatments:
 1. Give glucagon IM AND
 - a. Roll patient on their side after administering to prevent aspiration of vomitus (side effect of glucagon)
 - b. Establish IV access
 2. Check BG 15 minutes after EACH administration AND NOTIFY provider AND
 - a. If BG is less than 70 mg/dL AND:
 1. IV access NOT established: repeat dose 1 time.
 2. IV access IS established: give dextrose 10% per protocol.
 3. Recheck BG 1 hour after treatment is complete (BG is greater than or equal to 70 mg/dL).
 4. If BG is less than 70 mg/dL after 2 treatments of glucagon, initiate rapid response team or equivalent emergency process.

Hypoglycemia Protocol POCT Panel - ALL UPH AND CCH (EXCEPT CMS, CRH, GCH, LCH, LSC, MLC, VGH)

Hypoglycemia Protocol POCT Panel

POCT Glucose

STAT, PRN, Starting today at 1500, Until Specified, For 30 occurrences

Per protocol for patient with symptoms of hypoglycemia: shakiness, weakness, sweating, hunger, dizziness, blurred vision, pale and clammy skin, fast heart rate, headache, confusion, irritability, fatigue, ataxia, anxiety, personality changes, or tingling of the lips. 1. At onset of symptoms. 2. Recheck needed for accuracy if patient BG is LESS than 54 mg/dL and asymptomatic. 3. Repeat every 15 minutes after treatments until greater than or equal to 70 mg/dL. At this time treatment is complete. 4. 1 hour after treatment is complete

Notify physician (specify)

Routine, UNTIL DISCONTINUED, Starting today at 1501, Until Sun 10/5, For 30 days

Notify provider prior to next insulin/oral diabetes medication administration if protocol initiated. Do NOT delay hypoglycemia treatment.

▶ Labs - Now (Click for hidden content)

▼ Physician Consults

▼ Physician Consults

IP consult to Maternal Fetal Medicine

▼ Ancillary Consults

▼ Ancillary Consults

Inpatient consult to Diabetes educator

Inpatient consult to Nutrition