

# Blood Glucose Monitoring and Insulin Prescription form (ONLY FOR USE IN OBSTETRIC WARDS)



Name: ..... Address:..... ..... DoB: ..... Chi number: ..... <p style="text-align: center;"><i>Affix patient data label</i></p>	Diabetes: Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational <input type="checkbox"/> Self administering insulin: Yes <input type="checkbox"/> No <input type="checkbox"/> Usual diabetes medication and device: ..... ..... If unwell, vomiting or septic, check urine or blood ketones and request urgent medical and obstetric review.	<ul style="list-style-type: none"> <li>• When prescribing insulin always write the word units in full (do not abbreviate to U or IU)</li> <li>• Always measure the dose and administer insulin using an insulin syringe or a prefilled pen</li> <li>• Rapid acting and premix insulin should be given with meals</li> <li>• Long acting insulin should be given at the same time every day</li> </ul>
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**\*\*Ensure that the insulin type and administration times are also prescribed on the Kardex.  
Administration of all doses must be recorded on both chart and Kardex.\*\***

Refer to **guidelines on reverse of form** when blood glucose falls into the shaded areas.

Frequency of capillary blood glucose (CBG) monitoring should be 7 times / day

Date	Time	CBG Readings (mmol/L)			Insulin		Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
		<4	4.0-10.0	>10	Preparation	Dose (units)					
					.....	units	.....				Y / N
					.....	units	.....				Y / N
	Before Breakfast				.....	units	.....				Y / N
	2 hours after breakfast				.....	units	.....				Y / N
	Before Lunch				.....	units	.....				Y / N
	2 hours after lunch				.....	units	.....				Y / N
	Before Dinner				.....	units	.....				Y / N
	2 hours after dinner				.....	units	.....				Y / N
	Before Bed				.....	units	.....				Y / N
					.....	units	.....				Y / N
					.....	units	.....				Y / N
	Before Breakfast				.....	units	.....				Y / N
	2 hours after breakfast				.....	units	.....				Y / N
	Before Lunch				.....	units	.....				Y / N
	2 hours after lunch				.....	units	.....				Y / N
	Before Dinner				.....	units	.....				Y / N
	2 hours after dinner				.....	units	.....				Y / N
	Before Bed				.....	units	.....				Y / N
					.....	units	.....				Y / N
					.....	units	.....				Y / N
	Before Breakfast				.....	units	.....				Y / N
	2 hours after breakfast				.....	units	.....				Y / N
	Before Lunch				.....	units	.....				Y / N
	2 hours after lunch				.....	units	.....				Y / N
	Before Dinner				.....	units	.....				Y / N
	2 hours after dinner				.....	units	.....				Y / N
	Before Bed				.....	units	.....				Y / N

Date	Time	CBG Readings (mmol/L)			Insulin		Print prescriber's name and sign below	Given by	Checked by	Time given	Ketones present Y / N
		<4	4.0-10.0	>10	Preparation	Dose (units)					
						units					Y / N
						units					Y / N
	Before Breakfast					units					Y / N
	2 hours after breakfast					units					Y / N
	Before Lunch					units					Y / N
	2 hours after lunch					units					Y / N
	Before Dinner					units					Y / N
	2 hours after dinner					units					Y / N
	Before Bed					units					Y / N
						units					Y / N
						units					Y / N
	Before Breakfast					units					Y / N
	2 hours after breakfast					units					Y / N
	Before Lunch					units					Y / N
	2 hours after lunch					units					Y / N
	Before Dinner					units					Y / N
	2 hours after dinner					units					Y / N
	Before Bed					units					Y / N

### Guidelines for capillary blood glucose readings falling into the shaded area

Hypoglycaemia: Glucose < 4mmol/L	Hyperglycaemia: Glucose ≥ 10mmol/L
<p>Requires urgent treatment as per protocol: <a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a> or StaffNet</p> <p>Urgent medical review if unwell/deteriorating at any stage.</p> <ul style="list-style-type: none"> <li><b>Mild and able to swallow:</b> 15-20g carbohydrate such as 4-5 Glucotabs®, 60ml Glucojuice®, 170ml original Lucozade® or 150-200ml pure fruit juice</li> <li><b>Severe:</b> 100mls IV 20% Glucose or 150-200mls IV 10% Glucose (or 1mg Glucagon IM if venous access problematic)</li> </ul> <p>Check glucose after 10-15 minutes to ensure resolved – if glucose &gt;4mmol/L give two biscuits / sandwich, if not then treat again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but <b>do not omit insulin in type 1 diabetes.</b></p>	<p>If glucose is &gt;10mmol/l- check urine or blood ketones</p> <p>Pregnant women are at increased risk of ketoacidosis even with sugars in normal range.</p> <p>If blood ketones &gt;0.3mmol/l or if urine ketones &gt;1+ then arrange urgent review by obstetric and medical staff.</p> <p>Consider urine or blood ketone testing in all women with nausea or who have had steroids</p> <p>See "Ketone Testing in pregnancy" and Diabetic antenatal insulin regimen" sections on Staffnet (obstetric guidelines)</p>

#### Consider and address causes of hypoglycaemia or hyperglycaemia

- Assess oral intake: too little or too much carbohydrate
- Consider renal failure, liver failure, sepsis or steroid therapy
- Review medication: check correct insulin (or other medication), dose and time of administration
- Check Injection sites in patients taking insulin
- recurrent hypoglycaemia requires urgent discussion with diabetologist and obstetrician

#### Contact Numbers

On-call medical page: \_\_\_\_\_ Hospital at night: \_\_\_\_\_  
 Diabetes specialist nurse page: \_\_\_\_\_ on-call obstetric page: \_\_\_\_\_

Name: .....

Address: .....

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DoB: .....

Chi number: .....

*Affix patient data label*