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



| Name: | Diabetes: Type 1 ☐ Type 2 ☐ Gestational ☐ | When prescribing insulin always write the word units in full (do no | |
|-------------|--|--|--|
| Address: | Self administering insulin: Yes □ No □ | abbreviate to U or IU) | |
| | Usual diabetes medication and device: | Always measure the dose and administer insulin using an insulin syringe or a prefilled pen | |
| DoB: | | Rapid acting and premix insulin should be given with meals | |
| Chi number: | If unwell, vomiting or septic, check urine or blood ketones and request urgent medical and obstetric review. | Long acting insulin should be given at the same time every day | |

**Ensure that the insulin type and adminstration 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 | | CBG Readings (mmol/L) | | | Insulin | | Print prescriber's | | | | Ketones |
|------|----------------------------|--------------------------|--------------|---------|---------------------------------------|-----------------|------------------------|-------------|---------------|--|---------------------------------------|
| | | <4 | 4.0- 10.0 | >10 | Preparation | Dose (units) | name and sign below | Given by | Checked by | Time given | present Y/N |
| | | | | | | units | | | | | Y/N |
| | | | | Alexand | - Schwege, | units units | | | | | |
| | | | | | | units | | | | | Y/N |
| | Before Breakfast | | | | •••••• | units units | | | | | Y/N |
| | 2 hours after | | | | | units | | | | | N / N |
| | breakfast | | | | | units | | | | | Y/N |
| | Before Lunch | | | | | units | | | | | Y/N |
| | 2 hours after | | ļ | | | units | | | | | |
| | lunch | | | | | units | | | | | Y/N |
| | Before Dinner | | | | | units | | | | | Y/N |
| | 2 hours after | | | | | units | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | dinner | | | | | units | | | | | Y/N |
| | Before Bed | | | ļ | | units | | | | | Y/N |
| | | | | | | units | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | | | | units | | | | | Y/N |
| ۰ | | | | ļ | | units | | | | | Y/N |
| | | | | | | units | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | Before Breakfast | | | | | units | | | | | Y/N |
| | 2 hours after breakfast | | | | | units units | | | | | Y/N |
| | | | | | | units | | | | ······································ | V /N |
| | Before Lunch | | | | | units | | | | | Y/N |
| | 2 hours after lunch | | | | ••••• | units units | | | | | Y/N |
| | | | | GREEN . | | units | | | | | V / N |
| | Before Dinner | | | | | units | | | | | Y/N |
| | 2 hours after dinner | | | | | units units | | | | | Y/N |
| ŀ | Before Bed | | | | · · · · · · · · · · · · · · · · · · · | units | | | | | V / NI |
| | | | | | | units | | | | | Y/N |
| | | | | N | | units | | | | | Y/N |
| | | 2 E.A. | | (1986) | | units | | | | · · · · · · · · · · · · · · · · · · · | Y/N |
| | | | ļ | | | units | | | | | 1 / N |
| | Before Breakfast | | | | | units units | | | | | Y/N |
| | 2 hours after | N. S. | | | | units | | | | | Y/N |
| | breakfast | | | | | units | | | | | 1 / 1 |
| | Before Lunch | | | | | units units | | | | | Y/N |
| | 2 hours after | | | MENES | | units | | | | | Y/N |
| | lunch | | | | | units | | | | | ' ' ' ' |
| | Before Dinner | | | | | units units | | | | | Y/N |
| | 2 hours after | | | | | units | | | | | Y/N |
| İ | dinner | | | | | units | | - | | | |
| | Before Bed | | | | | units units | | | | | Y/N |

| Date | Time | CBG Readings (mmol/L) | | | Insulin | | Print prescriber's | | | | Ketones |
|------|---------------------------------------|---|--------------|-------------|---|-----------------|------------------------|-------------|---------------|---------------|----------------|
| | | <4 | 4.0- 10.0 | >10 | Preparation | Dose (units) | name and sign below | Given by | Checked by | Time given | present Y/N |
| | | | | | | units | | | | | Y/N |
| | | San | | | | units | | | | | 1 / 19 |
| | | | | | | units | | | | | Y/N |
| | · · · · · · · · · · · · · · · · · · · | | | Contracts | | units | | | | ····· | |
| | Before Breakfast | | | | | units | | | | | Y/N |
| | 2 hours after | 1500000 | | | | units | | | | | |
| | breakfast | | | | | units | | | | | Y/N |
| | D-ftt- | | | 115/ACA 1.1 | | units | | | | | V / 1 1 |
| | Before Lunch | | | | | units | | | | | Y/N |
| | 2 hours after | | | | | units | | | | | Y/N |
| | lunch | | | | | units | | | | | T / IN |
| | Before Dinner | | | | *************************************** | units | | | | | Y/N |
| | | Water C | | | | units | | | | | , , IN |
| | 2 hours after dinner | | | | | units | | | | | Y/N |
| 4 | · · · · · · · · · · · · · · · · · · · | | | | | units | | | | | , , |
| | Before Bed | | | | | units | | | | | Y/N |
| | | - 11 A 22 | | | | units | · | | | | |
| | | | | | ••••• | units units | | | | | Y/N |
| | | | | | | units | | | | | |
| | | | | | | units | | | | | Y/N |
| | | | | | | units | | | | | |
| | Before Breakfast | | | | - September 1 | units | | | | | Y/N |
| | 2 hours after | | | | | units | | | | | V /N |
| | breakfast | | | | | units | | | | | Y/N |
| | Before Lunch | | | Y | | units | | | | | Y/N |
| | Delore Editeri | | | (ACCE) | | units | | | | | 1 / 19 |
| | 2 hours after | | | 18 M | | units | | | | | Y/N |
| | lunch | | | | | units | | | | | . , |
| | Before Dinner | | | | | units | | | | | Y/N |
| | 2 hours after | | | | | units | | | | | |
| | dinner | | | | | units | | | | | Y/N |
| | Before Bed | | | ATS TO SHE | | units units | | v | | | |
| | perore bed | | | | | units | | | | | Y / N |
| | | L | | | | _1: C_11: | ·········· | | | | L |

Guidelines for capillary blood glucose readings falling into the shaded area

Requires urgent treatment as per protocol: www.diabetes.org. If glucose is >10mmol/l- check urine or blood ketones uk or StaffNet Pregnant women are at increased risk of ketoacidosis even with Urgent medical review if unwell/deteriorating at any stage. sugars in normal range. Mild and able to swallow: 15-20g carbohydrate such as 4-5 If blood ketones >0.3mmol/I or if urine ketones >1+ then Glucotabs®, 60ml Glucojuice®, 170ml original Lucozade® arrange urgent review by obstetric and medical staff. or 150-200ml pure fruit juice Severe: 100mls IV 20% Glucose or 150-200mls IV 10% Glu-Consider urine or blood ketone testing in all women with nausea cose (or 1mg Glucagon IM if venous access problematic) or who have had steroids Check glucose after 10-15 minutes to ensure resolved - if See "Ketone Testing in pregnancy" and Diabetic antenatal glucose >4mmol/L give two biscuits / sandwich, if not then treat

Hyperglycaemia: Glucose ≥ 10mmol/L

insulin regimen" sections on Staffnet (obstetric guidelines)

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

again as per protocol. Following treatment of hypoglycaemia, review insulin doses, but **do not omit insulin in type 1 diabetes**.

- Review medication: check correct insulin (or other medication), dose and time of administration
- Check Injection sites in patients taking insulin

Hypoglycaemia: Glucose < 4mmol/L

recurrent hypoglycaemia requires urgent discussion with diabetologist and obstetrician

| Obstetrician | |
|---------------------------------|-------------------------|
| Contact Numbers | |
| On-call medical page: | Hospital at night: |
| Diabetes specialist nurse page: | on-call obstetric page: |

| Name: |
|--------------------------|
| Address: |
| DoB: |
| DoB: |
| Chi number: |
| Affix patient data label |