## **UMC Health System**

## OB/GYN INTRAPARTUM INSULIN INFUSION PLAN

## **Patient Label Here**

| PHYSICIAN ORDERS  Alloraico |   |                       |                    |                     |
|-----------------------------|---|-----------------------|--------------------|---------------------|
| Weight Allergies            |   |                       |                    |                     |
| ORDER                       | Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.   |                       |                    |                     |
| OKDEK                       | ORDER DETAILS   |                       |                    |                     |
|                             | Patient Care  The use of a combined insulin and glucose infusion during labor maintains the maternal plasma glucose level in a narrow range (80 to 120 mg/dL) and reduces the incidence of neonatal hypoglycemia.  Accucheck  ☐ q1h, To maintain blood glucose level between 80 and 120 mg/dL while in labor. |                       |                    |                     |
|                             | IV Solutions  |                       |                    |                     |
|                             | D5LR  IV, 100 mL/hr  To maintain blood glucose level between 80 and 120 mg/dL while in labor.   |                       |                    |                     |
|                             | insulin R 100 units/100 mL NS  IV, Per Protocol Begin infusion at 0.5 units/hr; Monitor maternal glucose level hourly and adjust insulin infusion.  |                       |                    |                     |
|                             | Plasma/Capillary Glucose (mg/dL)  | Infusion Rate (units/ | hr)                |                     |
|                             | <80   | Insulin off           |                    |                     |
|                             | 80 – 100<br>101 – 140   | 0.5*                  |                    |                     |
|                             | 101 – 140   | 1.0<br>1.5            |                    |                     |
|                             | 181 – 220   | 2.0*                  |                    |                     |
|                             | >200  | 2.5*                  |                    |                     |
|                             | *Intravenous bolus of 2 units when the rate increases  100 units, Every Bag   |                       |                    |                     |
|                             |   |                       |                    |                     |
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| □ то                        | Read Back   |                       | Scanned Powerchart | ☐ Scanned PharmScan |
| Order Taken by Signature:   |   | Date                  | Time               |                     |
| DI                          | g• .  |                       | <b>D</b> .         |                     |