INSULIN INFUSION FOR THE INTRAPARTUM PATIENT- INSULIN DRIP STUDY PROTOCOL A
CURRENT ACCEPTED POLICY AT WELLSPAN YORK HOSPITAL

1. Equipment
   a. Usual labor room equipment, including automatic vital sign equipment and electronic fetal monitor
   b. Two double IVACs for mainline, insulin infusion, and possible oxytocin and magnesium sulfate infusions
   c. Oxygen, airway and suction apparatus
   d. POC glucose monitor
   e. Urine dipsticks

2. Procedure
   a. General Patient care
      i. Admit patient to labor and delivery unit
      ii. Obtain and document baseline vital signs
      iii. Discontinue previous insulin, oral hypoglycemic agent, and insulin pump orders
      iv. Check POC glucose before initiating IV fluids
      v. Check baseline maternal urine ketones
      vi. Insert IV catheter and obtain blood work. Add glucose to routine admission lab work
          NOTE: Insert 2 IV catheters, utilizing separate sites
      vii. Start IV fluids according to blood glucose level using nomogram
      viii. Strict I&O
      ix. Check urine ketones every 2 hours
b. Intrapartum glucose management
   
i. Check POC glucose
      1. Every 1 hour
      2. As needed for signs of hypoglycemia

ii. Obtain insulin infusion from pharmacy
   
   NOTE: 250 units regular insulin in 250 mL NSS (1 unit = 1 mL)

iii. Piggyback insulin infusion into solution of 0.9% NSS at port closest to patient

iv. Adjust insulin infusion rate and IV fluids according to POC glucose using the following nomogram

<table>
<thead>
<tr>
<th>Blood glucose mg/dL</th>
<th>Insulin dose</th>
<th>Insulin infusion rate</th>
<th>Fluids (125 mL/hr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 60</td>
<td>Contact physician</td>
<td>Hypoglycemia protocol</td>
<td>DSLR</td>
</tr>
<tr>
<td>61-90</td>
<td>Hold infusion</td>
<td>Hold infusion</td>
<td>DSLR</td>
</tr>
<tr>
<td>91-120</td>
<td>0.5 units/hour</td>
<td>0.5 mL/hour</td>
<td>DSLR</td>
</tr>
<tr>
<td>121-150</td>
<td>1 unit/hour</td>
<td>1 mL/hour</td>
<td>LR</td>
</tr>
<tr>
<td>151-180</td>
<td>2 units/hour</td>
<td>2 mL/hour</td>
<td>LR</td>
</tr>
<tr>
<td>181-220</td>
<td>3 units/hour</td>
<td>3 mL/hour</td>
<td>LR</td>
</tr>
<tr>
<td>221-250</td>
<td>4 units/hour</td>
<td>4 mL/hour</td>
<td>LR</td>
</tr>
<tr>
<td>&gt; 250</td>
<td>Contact physician</td>
<td></td>
<td>LR</td>
</tr>
</tbody>
</table>
v. Follow hypoglycemia protocol for POC glucose ≤60