

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

Blood glucose mg/dL	Insulin dose	Insulin infusion rate	Fluids (125 mL/hr)
< 60	Contact physician	Hypoglycemia protocol	D5LR
61-90	Hold infusion	Hold infusion	D5LR
91-120	0.5 units/hour	0.5 mL/hour	D5LR
121-150	1 unit/hour	1 mL/hour	LR
151-180	2 units/hour	2 mL/hour	LR
181-220	3 units/hour	3 mL/hour	LR
221-250	4 units/hour	4 mL/hour	LR
> 250	Contact physician		LR

- v. Follow hypoglycemia protocol for POC glucose ≤ 60