

Diabetes Case Studies

**Antepartum**

**Lower risk**

Patient	Marisa, a 25-year-old G2 P1 with Gestational Diabetes Mellitus previously treated with oral medications
Current Pregnancy	30 weeks 2 days
Chief complaint	She was admitted yesterday for regulation of blood sugars with insulin. Blood sugars were 200 on admission, which was 2 hours after her lunch. It is now 30 minutes after she had her insulin injection and her supper tray hasn't yet arrived. She puts her call light on and says she isn't feeling well, feels shaky and sweaty.
Past Medical Hx	Treated for pre-eclampsia with previous pregnancy. Previous cesarean section for breech.
Current pertinent medications	Insulin doses: <ul style="list-style-type: none"> <li>○ Before breakfast – 15 units Lispro, 30 units NPH</li> <li>○ Before lunch – 10 units Lispro</li> <li>○ Before bed – 11 units NPH</li> </ul>
Vital signs	Time: 1700 <ul style="list-style-type: none"> <li>• T 37.2</li> <li>• HR 106</li> <li>• RR 18</li> <li>• BP 140/88</li> </ul>
EFM	<b>Variability:</b> Moderate Variability 6-25 bpm <b>Baseline:</b> normal, 150 bpm <b>Accelerations:</b> present <b>Decelerations:</b> Absent and occasional small Variables <b>Tocodynamometer:</b> no contractions
<p><b>a) What do you anticipate as the problem?</b></p> <ul style="list-style-type: none"> <li>• Hypoglycemia</li> <li>• What could happen?</li> </ul> <p><b>b) What are your priorities for care?</b></p> <ul style="list-style-type: none"> <li>• Confirm hypoglycemia and treat if indicated, maintain normal glucose levels.</li> <li>• Education about insulin, nutrition choices</li> <li>• Why?</li> </ul> <p><b>a) What is your plan for next steps in care?</b></p> <ul style="list-style-type: none"> <li>• POCT capillary blood glucose (CBG). It is 55.</li> <li>• Give the patient 4 oz orange juice or 8 ounces of milk</li> <li>• Recheck CBG every 15 min. When it is above 60, patient should eat a protein snack and have another 4 oz juice if it's more than 1 hour before her next meal.</li> <li>• Call the kitchen to have her tray delivered stat.</li> <li>• Notify MD</li> </ul> <p><b>b) What orders can you anticipate?</b></p> <ul style="list-style-type: none"> <li>• Possible change in her lunchtime insulin dose</li> </ul>	

- 1-hour glucose test
  - Why? Antenatal standard of care includes routine 1-hour glucose test around 28 weeks, and she hasn't had it done yet.
- e) **What findings or changes would make your worry?**
- Decreased fetal movement, non-reactive NST.
  - Why might this occur? Worsening diabetic condition with placental involvement, reduction in perfusion due to hyperglycemia.
- f) **What findings would make you call the provider immediately?**
- Blood glucose < 70 or > 190, if not able to obtain or maintain blood glucose at less than 120 mg/dL within 4 hours, or as ordered.
  - Unconscious patient, vomiting
  - Persistent fetal bradycardia (FHR < 110 beats/min lasting > 10 minutes)
- g) **What findings could wait until the provider makes rounds?**