

Diabetes Case Studies
Labor and Delivery
Higher Risk

Patient	Janine is a 32 year old with Type 1 DM, poorly controlled with NPH and Lispro. Last weight at the doctor's office was 295# a week ago. She presents for induction.
Current Pregnancy	G 2 P 1 at 37 weeks
History of Present Illness	<ul style="list-style-type: none"> • Proteinuria of 2+ and 3+ protein during antenatal visits • Polyhydramnios • States fasting blood sugar on fingerstick was 300 this morning
Current pertinent medications	Patient has been taking the following Insulin doses: <ul style="list-style-type: none"> ○ Before breakfast – 15 units Lispro, 30 units NPH ○ Before lunch – 10 units Lispro ○ Before bed – 11 units NPH
EFM	<ul style="list-style-type: none"> • Variability--moderate • Baseline—140 bpm • Accelerations—absent • Decelerations—absent • Toco—contractions every 3 minutes, 60 sec duration, strong on palpation
Cervical exam	<ul style="list-style-type: none"> • 6 cm, 100%, -1 station, floating.
Vital signs	Time: 0900 <ul style="list-style-type: none"> • T 37 C • HR 83 • RR 16 • BP 134/85
CBG	195 mg/dL
Nursing care on the morning of induction	<ul style="list-style-type: none"> • Goal: Maintain blood sugar between 70-120 mg/dL • Withhold insulin and breakfast • Why? <p><u>Orders:</u></p> <ul style="list-style-type: none"> • CBG < 70 mg/dL – do NOT initiate insulin <ul style="list-style-type: none"> ○ Treat hypoglycemia ○ Recheck blood glucose every 30 min until greater than 70 mg/dL two times, and then according to blood glucose level. • CBG 70-100 mg/dL – do NOT initiate insulin. <ul style="list-style-type: none"> ○ Monitor CBG every 2 hours • CBG 101-120 mg/dL – do NOT initiate insulin <ul style="list-style-type: none"> ○ Monitor CBG every 1 hour • CBG > 120 md/dL – initiate insulin infusion to maintain blood

	<p>glucose between 80-120 mg/dL (see order set for rate)</p> <ul style="list-style-type: none"> ○ Monitor CBG every 1 hour ○ Notify MD if unable to obtain or maintain CBG at less than 200 mg/dL with this order within 4 hours ● Notify MD and send urine for ketones if blood sugar >190.
<p>a) What are your questions for this patient?</p> <p>b) What are your priorities for care?</p> <p>c) What is your plan for next steps in care?</p> <p>d) What FHR patterns can you anticipate?</p> <p>e) What findings or changes would make your worry?</p> <p>f) What findings would make you call the provider immediately?</p> <p>g) What findings could wait until the provider makes rounds?</p>	
<p>Immediately after delivery</p>	<ul style="list-style-type: none"> ● What will you do with the insulin? <ul style="list-style-type: none"> ○ Turn it off after delivery unless CBG > 190 ○ Why won't she need insulin anymore?
<p>Newborn Care</p>	<ul style="list-style-type: none"> ● What can you anticipate doing for the newborn after delivery?

