

Suggested adjustment of intravenous insulin infusion rate during labour [NB1] [NB2] [NB3]

Usual total daily insulin dose

| | | | - |
|--------------|-----------------------------|---|---|
| BGC (mmol/L) | BGC trend | 100 units or less | more than 100 units |
| less than 4 | regardless of trend | Suspend infusion [NB4] Increase glucose 5% infusion rate to 250 mL/hour Monitor BGC every 15 minutes until it is more than 5 mmol/L, then every hour NOTIFY THE TREATING DOCTOR | |
| 4 to 4.4 | falling | Reduce infusion rate by 2 units/hour OR Suspend infusion if rate is 2 units/hour or less [NB4] | For total daily insulin dose 101 to 150 units: Reduce infusion rate by 3 units/hour OR Suspend infusion if rate is 3 units/hour or less [NB4] For total daily insulin dose more than 150 units: Reduce infusion rate by 4 units/hour OR Suspend infusion if rate is 4 units/hour or less [NB4] |
| | stable | Reduce infusion rate by 1 unit/hour OR Suspend infusion if rate is 1 unit/hour or less [NB4] | Reduce infusion rate by 2 units/hour OR Suspend infusion if rate is 2 units/hour or less [NB4] |
| 4.5 to 4.9 | falling stable rising | Reduce infusion rate by 1 unit/hour OR Suspend infusion if rate is 1 unit/hour or less [NB4] | Reduce infusion rate by 2 units/hour OR Suspend infusion if rate is 2 units/hour or less [NB4] |
| 5 to 6.9 | falling stable rising | Reduce infusion rate by 1 unit/hour OR For type 2 diabetes: Suspend infusion if rate is 1 unit/hour or less [NB4] For type 1 diabetes: Reduce infusion rate to 0.5 units/hour if rate is 1 unit/hour | |
| | rising | No change | |

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Suggested adjustment of intravenous insulin infusion rate during labour (cont.) [NB1] [NB2] [NB3]

Usual total daily insulin dose

| BGC (mmol/L) | BGC trend | 100 units or less | more than 100 units |
|--------------|---------------------|--|--|
| 7 to 8.4 | falling | No change | |
| | stable | Increase infusion rate by 1 unit/hour | |
| | rising | Increase infusion rate by 1 unit/hour | Increase infusion rate by 2 units/hour |
| 8.5 to 10 | falling | Increase infusion rate by 1 unit/hour | Increase infusion rate by 2 units/hour |
| | stable | Increase infusion rate by 2 units/hour | Increase infusion rate by 3 units/hour |
| | rising | Increase infusion rate by 3 units/hour | |
| | | NOTIFY THE TREATING DOCTOR | |
| more than 10 | regardless of trend | NOTIFY THE TREATING DOCTOR | |

BGC = blood glucose concentration

NB1: Base the adjustment of intravenous insulin infusion rate on hourly capillary (finger-prick) BGCs during labour and for at least 6 hours after delivery.

NB2: Titration may need to be more conservative or more aggressive depending on the initial infusion rate and the rate of change in the BGC. If the BGC target is not achieved, promptly notify the treating doctor.

NB3: The intravenous insulin infusion must run concurrently with a glucose 5% intravenous infusion. Run infusions in separate lines but give by a single cannula (piggyback).

NB4: Restart insulin infusion at a rate of 1 unit/hour when BGC is more than 6 mmol/L. For women with type 1 diabetes, do not suspend the insulin infusion for more than 1 hour.

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