**Rules/Guidelines for Insulin Administration during Betamethasone Treatment in Pregnancy**

1. Calculations for percent increase are made on insulin HOME regimen.
2. RN to RN verification of all insulin calculations and administration.
3. All patients to receive a consistent carbohydrate meal plan.
4. Meal times are to be scheduled at: 8A, 1PM, 6PM and 9PM. (Patient to order food one hour before meal time).
5. Document preadmission **insulin** **HOME regimen** on the top of the worksheet.
6. Calculate increase to insulin regimen **BEFORE** the administration of betamethasone.
7. Calculate in the same fashion for 50%, 40%, 30%, 20% and 10%.
8. If calculation for basal rate is 1.875, round up to 1.90. If calculation for basal rate is 1.05 round down to 1.00.
9. Monitor CBG’s : fasting, premeal, 1 hour postprandial each meal (first bite), HS and 3AM. (8 points /24hr)
10. Document CBGs on algorithm worksheet.
11. Insulin administration: all bolus insulin to be administered **15 minutes prior** to breakfast, lunch and dinner.
12. Basal insulin to be administered AM, HS or both, as similar to insulin HOME regimen.
13. Document and administer insulin according to algorithm.
14. Sign your initials.
15. Utilize the ‘Comments’ section to record adverse events: ie hypoglycemia, meal delay, vomiting.
16. **Correction factor** of 1 unit for 25 points above target of 100 should be utilized **at premeal basal doses ONLY**. ***There shall be no use of sliding scale insulin.***
17. Target glucoses: Fasting and premeal 70-90, 1 hour postprandial ≤ 140.
18. Once the patient has completed betamethasone treatment and/or discharged, place the worksheet in the labeled folder in the RC office.
19. Correction for hyperglycemia: If 2 consecutive premeal blood glucoses are above target (CBG ≥ 140), then then increase the third meal bolus dose by 10%.
20. In the event of hypoglycemia and treatment, please refer to the policy: *Management of Diabetes in the Perinatal Patient : Appendix F for Management of Hypoglycemia.*
21. **BEFORE the first dose of BMZ** 🡪 **calculate the increase of basal insulin and administer 2 hours BEFORE the administration of BMZ.**

Insulin Regimens

1. **Single Basal Insulin Regimen**

BEFORE the first dose of BMZ

* + Calculate the increase of basal insulin to 50%.
  + Administer ½ of the increased dose of basal insulin 2 hours prior to BMZ and the other ½ of the dose at the insulin HOME regimen time.
  + Example: If basal insulin HOME regimen🡪 NPH 0-0-0-20 units. Increase basal insulin by 50% =

NPH 0-0-0-30 units.

* + **For the first dose of BMZ**: 15 units of basal **insulin to be administered** **2 hours BEFORE** **BMZ** and 15 units of basal insulin to be administered at bedtime.
  + Administer the increased doses of **premeal insulin** (lispro/aspart) **15 minutes before the meal**.
  + Basal insulin to be administered to insulin HOME regimen on consecutive days of BMZ treatment.

1. **BID Basal Insulin Regimen**

BEFORE the first dose of BMZ

* Calculate the increase of basal insulin to 50%.
* Administer ½ of the increased dose of basal insulin 2 hours prior to BMZ in the AM or HS and the other ½ at the time according to the insulin HOME regimen.
* Example: If basal insulin HOME regimen🡪 NPH 20-0-0-20 units. Increase basal insulin by 50% =

NPH 30-0-0-30 units.

* **BEFORE the first dose of BMZ**: 30 units of basal **insulin to be administered 2 hours BEFORE BMZ** and 30 units of basal insulin to be administered according to HOME regimen.
* Administer the increased doses of **premeal insulin** (lispro/aspart) **15 minutes before the meal**.
* Basal insulin to be administered to insulin HOME regimen on consecutive days of BMZ treatment.

1. **Insulin Pump (CSII) Regimen**

BEFORE the first dose of BMZ

* Calculate an average basal rate of insulin to be administered as a single continuous basal rate for 24 hours during BMZ treatment. (Example: Basal rates 1.5, 2.0, 2.5, 1.8🡪 single continuous basal rate = 1.95).
* Maintain single continuous basal rate **2 hours BEFORE BMZ** to achieve baseline glucose control.
* Administer bolus doses according to insulin HOME regimen.
* **After the 2 hours of a single continuous basal rate🡪increase the single continuous basal rate to 50% at next meal**.
* **Administer the FIRST bolus dose (premeal) of insulin according to insulin HOME regimen 15 minutes before the meal.**
* **Consecutive bolus doses should be increased and administered according to the algorithm.**

**(*I think* *the increase to both basal and bolus by 50% is too close with the first meal and will cause hypoglycemia in 2 hours. Let me know your thoughts on the above statements).***