

19041390

DIABETES IN PREGNANCY ASSESSMENT FORM (MR-DIP)

Hospital/Site: QUIET CREEK

Affix patient identification label in this box

U.R. No: 1 2 3 4 5 6
 Surname: ROBERTSON
 Given Name: MIA
 Second Given Name: LOUISE
 D.O.B: 22/07/1994 Sex/Gender: F

Type of diabetes Type 1 Type 2 GDM
 Date of diagnosis: 24/12/2016 Duration: years
 OGTT (if known) Fasting: mmol/L
 1hr: 10.1 mmol/L 2hr: 9.8 mmol/L
 GP: Dr James Craig
 Endocrinologist/Obstetrician:

Family history
 Diabetes: Type 1 Type 2 GDM: Mother T2D

Obstetric history
 Gravida: 1 Para: 0 Gestation: 26 /40
 EDD: 14/10/2020 Previous GDM: Yes
 Previous LGA (over 4.4kg): Yes
 Antenatal Risk: ANRQ: 9 EPDS: 2
 Delivery Plan: NVA Shared Care

Social history
 Marital status: Single Married Other:
 Residence: Alone Partner/Family Share
 Children: Ages:
 Carer: NDIS:
 Employment: Yes Disability Pension
 Interests and hobbies: Reading (prev)
 Private Health Insurance Fund:
 Membership No:
 Ambulance Cover

Medical history
 Allergies: Nil known
 Immunisations: UTD Pneumonia Flu Vaccine
 Impairments: Visual Hearing Cognitive
 Behavioural concerns: Yes
 Depression or Anxiety: Yes, PAID:
 Hypertension Hyperlipidaemia
 Recent hospital admission: Yes Date:

Diabetes management
 Lifestyle modifications
 Metformin
 Insulin
 Oral agent/s ceased:
 Injectables ceased:

Diabetes complications
 CHD CVA Peripheral Artery Disease
 Retinopathy Nephropathy Peripheral Vascular Disease
 Peripheral Neuropathy Foot ulcer/charcot/amputation
 Autonomic Neuropathy Gastroparesis Hypo unaware
 COPD COAD OSA
 Other: BMI (32.4) prior to pregnancy

Diabetes Medications

Name	Dose	Route	Frequency

Other Medications (inc. prescription and non-prescription)

Name	Dose	Route	Frequency
<u>Elevit</u>	<u>1 tablet</u>	<u>Oral</u>	<u>Daily</u>
<u>Folic Acid</u>	<u>800mg</u>		
<u>Liodine</u>	<u>220mg</u>		
<u>Biron</u>	<u>60mg</u>		
<u>Vitamin B3</u>	<u>18mg</u>		

Device/s used: Syringe Device CSII
 CSII Model: SN:
 Injection Site: Abdomen/Other:
 Needle Length: 4mm 5mm 6mm 8mm
 Technique:
 Self Adjustment: Matrix:
 Insulin: CHO ratio/s:
 Correctional Insulin:

Self Administration/Supervision/Assistance:
 Dose Packaging Aids: 1
 Home Medicines Review:

(refer to RLHN - CSII Outpatient Rate Record)

SA Health
Revised
August
2020

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U.R. No: 123456
Surname: ROBERTSON
Given Name: MIA
Second Given Name: LOUISE
D.O.B.: 22/07/1994 Sex/Gender: F

Physical activity
(consider 3 day diary)

Types: PISTON TENNIS
HEAVY WALKS

Frequency: 30 MIN
x 1 /day
/week

Limitations:
No limitation

Nutrition *(consider 3 day diary)*

Breakfast: Just Right Cereal + MILK (FC) 250ml

Morning Tea: 1 piece of fruit

Lunch: Sandwich, turkey, lettuce

Afternoon Tea: Dinner roll (x1)

Dinner: meat, vegetables, potato (x1)

Supper: coffee (250ml FC MILK)

Extras (soft drinks, eating out, take-away etc.): Ice cream (2 scoops) x 3 EX
ATMOSPHERIC (VAN) x 1 EX

Cultural/Religious requirements: N.A.T. I.D.E.R.T.H.S.A.

CHO Grams/Ex
<u>7.3 EX</u>
<u>3.1 EX</u>
<u>3.2 EX</u>
<u>9.2 EX</u>
<u>9.3 EX</u>
<u>1.0 EX</u>

Blood Glucose Monitoring Meter: CONTINUED NEXT ONE

Target range: mmol/L

Current Fasting/Pre Meals: mmol/L

Current 2hr Post Meals: mmol/L

Current Before Bed: mmol/L

Current Overnight: mmol/L

NDSS Membership No:

Sharps disposal: CONTAINER PROVIDED

Software: -

Technique: COMPETENT

Ketone Monitoring Yes (type 1)

Tests if BG greater than 15.0mmol/L: Yes

Tests if unwell: Yes

Continuous Glucose Monitoring CGM FGM

Device: SN:

NDSS Subsidy:

Connectivity: Smart Device Receiver CSII

If CSII Connected: Manual Mode Auto Mode

Sensor Wear: % per week

Average Sensor Glucose: mmol/L

Time in Target: %

Technique:

Software:

User Name:

Hypoglycaemia Risk Profile At Risk

Hypo Action Plan: Yes

Carries Hypo Treatment:

Driving:

Additional Risk Factor Profile

Alcohol: CEASED DUE TO PREGNANCY

Smoking: CEASED 5 YEARS AGO

Illicit Dugs: NOT USED

Foot Assessment At Risk Low Risk
(refer to RLHN - Foot Risk Assessment)

Hyperglycaemia Risk Profile At Risk

Sick Day Action Plan: Yes To be updated

Additional Pathology

Test	mmol/L	Date:
Total Cholesterol:
HDL Cholesterol:
LDL Cholesterol:
Triglycerides:
eGFR:	mL/min/1.73m ²	Date:
Microalbumin:	mg/L	Date:

Clinical Parameters

BG: 6.4 mmol/L BK: - mmol/L BP: 125/75 mmHG

* Height: 163 cm Weight: 86 kg BMI: 32.4

HbA1c: % or mmol/mol Date:

Educational Plan *(Individual/Group)*

Pathophysiology: type 1, type 2, GDM

Lifestyle Modifications: SNAP, breastfeeding

Medication: self-adjustment, action plans potential during pregnancy

BGM, CGM and FGM targets, software pregnancy

Hypo Action Plan:

Hyper/Sick Day Action Plan:

Other:

Follow Up

Teleheath: weekly/fortnightly twice

Appointment: x.r.o. 1.1.10

Current Services/Referrals Initiated

Dietitian Podiatrist

Physiotherapist/Exercise Physiologist

Social worker/Psychologist Dentist

Optometrist/Ophthalmologist

Name and Designation: COLLEEN HOOPER Signature: [Signature] Date: 26/08/2020