

**Maternal Fetal Medicine
Pregnancy and Diabetes Program**

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 NORTH RALEIGH 10010 Falls of Neuse Road, Suite 302, Raleigh, NC 27614
 MEDICAL PARK OF CARY 210 Ashville Avenue, Third Floor, Cary, NC 27518
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Physician Order Form

I am referring the following patient for medically necessary gestational diabetes self-management education.

Patient Information (complete information or place patient sticker here) Name: _____ MR #: _____ DOB: _____	Home phone: _____ Other phone: _____ Home address: _____ _____
EDC: _____ Pre-gestational Weight: _____ Current Weight: _____ Height: _____ Insurance/Health Plan: _____ Insurance ID#: _____ SS #: _____ Language (circle): English Spanish Other: _____	

Diagnosis – please check appropriate diagnosis code

Gestational Diabetes Mellitus (648.83) Type 1/Pregnant (648.03)
 Impaired Glucose Tolerance (648.83) Type 2/Pregnant (648.03)

Screening Results: 3 Hour OGTT / O'Sullivan Based on ACOG practice bulletin, a positive diagnosis is defined as two or more plasma glucose values at or above one of the following criteria:			Patient Results	
	Carpenter /Coustan	NDDG	3 hr OGTT	O'Sullivan
Fasting	95 mg/dl	105 mg/dl	_____	_____
1 hour	180 mg/dl	190 mg/dl	_____	_____
2 hour	155 mg/dl	165 mg/dl	_____	_____
3 hour	140 mg/dl	145 mg/dl	_____	_____

Patient Plan of Care

Assessment

Gestational Diabetes Education – includes

<ul style="list-style-type: none"> • Risk of GDM for mother & baby • Personal risk for GDM • Blood glucose monitoring • Effects of exercise • Meal planning 	One week follow up: <ul style="list-style-type: none"> • Assess for problems/concerns • Review of meal plan & guidelines • Review of plasma glucose records
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Medical Nutrition Therapy (MNT) for GDM
 Unless otherwise prescribed, dietitian to determine calories Calorie Level _____

Frequency of BG Monitoring During Pregnancy: (check preferred)

<input type="checkbox"/> Fasting (<95 mg/dl) <input type="checkbox"/> 1 hour post-prandial (< 140 mg/dl or _____) <input type="checkbox"/> 2 hour post-prandial (< 120 mg/dl or _____)	<input type="checkbox"/> Pre-prandial <input type="checkbox"/> Bedtime <input type="checkbox"/> 0300
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Initiate Insulin Therapy: When MNT fails to achieve optimal glucose control, medical management is recommended.

	Type	Amount	Time
Basal Insulin			
Bolus Insulin			

Physician Signature: _____ Date: _____ Phone: _____

Please fax completed form to 919-350-6003