

A Case Study: The Use of EndoTool in Obstetrics

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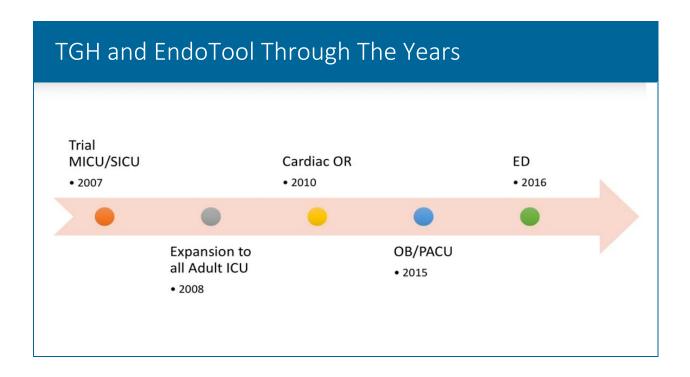


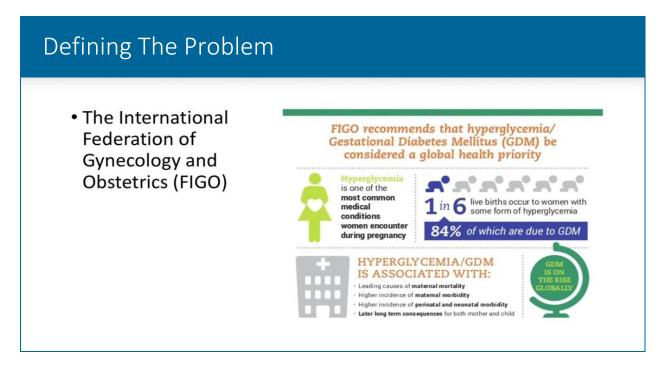




Tampa General Hospital

- 1018 Beds
- Private, Not for Profit
- University of South Florida College of Medicine
- Level 1 Trauma, Level IV NICU, Burn, Stroke, Transplant, etc.





Labor & Delivery DKA/HHS Challenges

- Pregnancy is a ketogenic state
 - Risk for DKA at lower BG than in the nonpregnant patient
 - 36% may have BG less than 200 mg/dL
- · Presentation of DKA is similar in pregnant and nonpregnant pt
- · Maternal hyperglycemia leads to fetal hyperglycemia
- Maternal acidemia decreases uterine blood flow
 - · Leads to decreased oxygen delivery to fetus

Labor & Delivery Pre-EndoTool Workflow

- Indications for insulin infusion
 - Type 1 diabetic patient in labor
 - · Pregnant pt in DKA
- Insulin infusion initiated at weight based dose
- Nurse called OB resident with each BG result
 - · Delays in insulin administration
- OB resident gave orders to adjust insulin infusion
 - · Lack of standardization of insulin dosing
 - Inefficient process

Labor & Delivery EndoTool Workflow

- Indications for insulin infusion
 - Type 1 diabetic patient in labor
 - · Pregnant pt in DKA
- Provider orders insulin infusion via EndoTool OB Order Set
- Nurse enters pt info and BG values into EndoTool software
- Nurse adjusts insulin infusion according to EndoTool IV recommendation
 - More timely insulin dose adjustments
 - · Software provides personalized dosing

Hypoglycemia
% of BG Readings

5%

4%

3%

2%

1%

60 mg/dL

Pre-EndoTool IV

EndoTool IV

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