DIABETES IN PREGNANCY PRESCRIBER ORDER FORM

PHONE: 888-304-1800

Patient Name:				**Date of Birth:**	
Address:					
Phone:	**Height:**	☐ **in** ☐ **cm**	**Pre-Pregnancy Wt:**	**Current Wt:**	☐ **lbs** ☐ **kg**

Clinical Information

ICD-10/Diagnosis: ☐ **O24.419 Gestational Diabetes Mellitus in Pregnancy Unspecified**
☐ **Other:**

G/P:	**EDC:**

Current Medications	**Dose**	**Route**	**Freq**	**Current Medications**	**Dose**	**Route**	**Freq**

Order Form

Blood Glucose Testing & Management **Reinforcement of education on blood glucose device and testing**	☐ **Blood Glucose Testing: Fasting and 1-hr post-prandial** **GOALS:** **Fasting blood glucose goal: ≤ 95** **Post-prandial blood glucose goal: < 140** **NOTIFY PRESCRIBER FOR:** **Fasting blood glucose < 60 and > 120 x3 days** **Post-prandial blood glucose < 80 and > 175 x3 days** **Or as ordered below**	☐ **Blood Glucose Testing: Fasting and 2-hr post-prandial** **GOALS:** **Fasting blood glucose goal: ≤ 95** **Post-prandial blood glucose goal: < 120** **NOTIFY PRESCRIBER FOR:** **Fasting blood glucose < 60 and > 120 x3 days** **Post-prandial blood glucose < 80 and > 155 x3 days** **Or as ordered below**
Reinforcement of education on administration of insulin	**Educate patient on administration of insulin, following the below parameters prescribed by provider:** **Insulin (Type):** **Reinforcement of Insulin Dosing Schedule (As Ordered):** ☐ **If insulin is initiated, patient to test blood glucose at 0300am x3 days**	

Ancillary Orders

- Skilled Nurse Visit (SNV) or TeleHealth Nurse Visit x1 to initiate plan of care; PRN up to 2 nurse visits for complications identified in telephonic assessments.
- Reinforce education on ordered ADA diet, dietary regimen, and importance of eating meals and snacks as prescribed.
- Nurse to reinforce prescribed activity level and educate patient on exercise and its effect on blood sugar.
- Option Care Women's Health to follow patient progress via telephonic assessment of blood sugars, ADA diet, exercise and recommendations to meet blood glucose goals. Provide 24/7 telephonic nurse availability throughout length of service.
- Program may continue based on medical necessity and insurance authorization until patient meets discharge criteria.
- Initiate service once benefits and eligibility verification have been completed, authorization obtained (as applicable), patient's acceptance of financial responsibility (as applicable), patient availability to start service, and patient having necessary equipment from prescriber (blood glucose monitoring device, lancets, test strips, etc.).
- **Other:**

Referral/Discharge Plan: Discontinue therapy with provider discharge order or completion of designated 14- or 21-day program per insurance, patient refusal, noncompliance, or if delivery occurs.
Other:

I certify that the use of the indicated treatment is medically necessary, I will be supervising the patient's treatment, and my state medical license is current and valid.

Prescriber Information

Prescriber Signature:	**Date:**
Prescriber Name:	**NPI:**
Address:	Office Contact:
City: State: Zip:	Direct Contact Number/Extension:
Phone:	Fax:

Fax completed form, insurance information, and clinical documentation to: 877-865-9133