STANDING ORDER

DIABETES

I. **ASSESSMENT** (known history of Diabetes OR CBG reading >200 in inmate without known history of Diabetes)
   A. Type of Diabetes if known, year of diagnosis?
   B. Medications taken? History of needing insulin?
   C. History of taking insulin or other diabetic medications during previous incarcerations?
   D. Obtain ROI for outside records of PCP/Facility Provider prescribing medications AND pharmacy for recently prescribed medications

II. MANAGEMENT

GOAL CBG for inmates: Fasting CBG <110 and 2 hours post-meal CBG <140

A. Inmates on **ORAL medications only**
   i. Ensure inmate is started on diabetic medications as soon as possible
   ii. Check CBGs twice a day for 1 week (fasting and post-meal)
   iii. Start the inmate on the following insulin sliding scale:

ORAL meds only Insulin Sliding Scale	
CBG	*Units of Regular Insulin/Novolog/Humalog*
<150	No insulin
151-200	2 units
201-250	3 units
251-300	4 units
301-350	5 units
351-400	6 units
401-450	7 units
451-500	8 units
>500	10 Units + Call Facility Provider and assess for symptoms of HHS

   iv. Give chart to Facility Provider to review after 1 week for further orders and evaluation for blood glucose control

v. **HYPOGLYCEMIA** – CBG <70 with symptoms: hunger, trembling, pallor, sweating, anxiety, dizziness, confusion, double vision, unsteadiness, poor coordination, trouble speaking, irritability, stupor, seizure, and coma.

- If conscious, give inmate any one of the following: 4-ounce carton of juice, sugar packet, or 1-2 glucose tablets.
    1. Recheck CBG in 30 minutes, if CBG >70 then
    2. Recheck CBG in 6 hours or sooner if symptoms of hypoglycemia.
    3. Notify Facility Provider within 12 hours of episode
- If conscious but confused and unable to follow instructions, give inmate oral glucose gel between cheek and gum.
    1. Recheck CBG in 30 minutes, if CBG >70 then continue checks every 2 hours until CBG consistently >70 for 3 checks.
    2. Hold all diabetic medications and notify Facility Provider within 12 hours of hypoglycemic episode to adjust medications
- <u>If unconscious</u>, administer Glucagon and call EMTs for transport to ED (*see Glucagon Emergency Kit SO-556*)

vi. **Hyperosmolar Hyperglycemic Syndrome** – symptoms usually progress over days to weeks, not acute as in DKA.

History (reported or evident symptoms)	**Exam**
Polyuria, polydipsia, weight loss, blurred vision, leg cramps, dizziness, fatigue, weakness	Hypotension, tachycardia, dry mucous membranes, dehydration, lethargy, drowsiness, CBG >600.

- If CBG >600 (or machine reads too high) AND symptoms concerning of the above, then call EMTs for transport of inmate to ED.

B. **Inmates on <u>Insulin therapy</u> (Lantus, NPH, or other long-acting insulin)**

i. Ensure inmate is started on diabetic medications as soon as possible
ii. Check CBGs 4 times a day while in custody
iii. Start the inmate on the following insulin sliding scale:

Inmates on Insulin - Insulin Sliding Scale	
CBG	*Units of Regular Insulin/Novolog/Humalog*
<150	No insulin
151-200	2 units
201-250	4 units
251-300	6 units
301-350	8 units
351-400	10 units
401-450	12 units
451-500	14 units
>500	Give 16 units + Call Facility Provider and assess for symptoms of DKA

iv. Give chart to Facility Provider to review after 1 week for further orders and evaluation for blood glucose control

v. **HYPOGLYCEMIA** – CBG <70 with symptoms: hunger, trembling, pallor, sweating, anxiety, dizziness, confusion, double vision, unsteadiness, poor coordination, trouble speaking, irritability, stupor, seizure, and coma.

- If conscious, give inmate any one of the following: 4 ounce carton of juice, sugar packet, or 1-2 glucose tablets.
    1. Recheck CBG in 30 minutes, if CBG >70 then continue checks every 2 hours until CBG consistently >70 for 3 checks.
    2. Hold all insulin doses and notify Facility Provider within 12 hours of hypoglycemic episode to adjust medications
- If conscious but confused and unable to follow instructions, give inmate oral glucose gel between cheek and gum.
    1. Recheck CBG in 30 minutes, if CBG >70 then continue checks every 2 hours until CBG consistently >70 for 3 checks.
    2. Hold all insulin doses and notify Facility Provider within 12 hours of hypoglycemic episode to adjust medications
- If unconscious, administer Glucagon and call EMTs for transport to ED (*see Glucagon Emergency Kit SO-556*)

vi. **DIABETIC KETOACIDOSIS** - seen in inmates who require insulin therapy for management of blood sugars (not seen in Type 2 managed with oral medications – that is HHS as above)

History (reported or evident symptoms)	**Exam**
Polyuria, polydipsia, weakness, fatigue, lethargy, anorexia or increased appetite, nausea, vomiting, abdominal pain	Hypotension, tachycardia, tachypnea, fruity odor to breath, abdominal tenderness, dry mucous membranes, altered mental status, coma

- CBGs usually are lower in insulin dependent inmates. CBG can be 250-800. If elevated CBG with any of the above symptoms and concern for DKA, call EMTs for transport to ED.