

**STANDING ORDER****DIABETES/INSULIN SHOCK****I. ASSESSMENT**

- A. Take medical history, Type I or Type II diabetes, attending physician, if any, current medications, existing complications of disease.
- B. Take vital signs and do routine blood fingersticks, prn, or according to inmate's home monitor schedule.

II. MANAGEMENT

- A. Contact Patient's physician for diet and medication information.
- B. Contact Facility Provider for management orders.
- C. If taking insulin, record and monitor type and dosage. The Facility Nurse will draw insulin and may give injections, if inmate is unable, and record the site. If the nurse is off duty, a Health Trained Officer will monitor the inmate as the inmate draws insulin and injects himself.
- D. If no other known sliding scale, the following standing order for sliding scale may be used for regular insulin, Novolog and Humalog.

| | |
|---------|-----------------|
| < 150 | None |
| 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 | Call for Orders |

- E. Management of Diabetic Coma or Insulin Shock.

- 1. If conscious, obtain a fingerstick sample for blood glucose reading.

2. If conscious, give 8 oz. cup of juice, sugar packet or Insta-glucose; and
3. If unconscious, administer “glucagon” between cheek and gum.
4. If unconscious, call 911 for transport to emergency room.
5. See *Standing Order 556 Glucagon Emergency Kit*

III. EVALUATION

- A. Notify Facility Provider or treating physician for orders on management.