



STANDING ORDER

**DIABETIC KETOACIDOSIS/
HYPERGLYCEMIA**

I. ASSESSMENT

- A. Obtain history of diabetes and insulin dosage.
- B. Do blood fingerstick for testing of blood glucose.
- C. Assess for polyuria, polydipsia, fatigue, anorexia, headache, abdominal pains, muscle cramps, nausea, vomiting.
- D. Assess for sweetish odor to breath, Kussmaul breathing, hypotension and weak, thready pulse.

II. MANAGEMENT

- A. If blood glucose is above normal but no other signs/symptoms present, contact Facility Provider for medication orders.
- B. If diabetic ketoacidosis is evident, call EMTs for immediate transport to emergency room. (Pt. severely ill with high blood sugar >500)
- C. If patient is stable and blood glucose is <500 but >401, call Facility Provider.

III. EVALUATION

- A. To be seen by emergency room physician if diabetic ketoacidosis.
- B. Treating physician or Facility Provider to be contacted with inmate's condition if non-emergency and orders taken.