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.