

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
DIABETIC – SYMPTOMATIC HYPOGLYCEMIA

MSRM 140117.01.4.2
(R-4/2022)

(Only for diabetics, otherwise use Cardiopulmonary Resuscitation Protocol MSRN 140117.01.49)

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Onset Recurrence

Last food intake: _____ Amount: _____ Type: _____
Insulin dosage: _____ Amount: _____ Last injection: _____
Current medication(s): _____

Associated symptoms:

Weakness Shakiness Sweating Headache Vomiting Confusion

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Sweating Tremors Disorient Convulsive
 Unsteady gait Lethargic Comatose

Health care provider must be called if not on site or if after clinic hours.

- Lethargic, comatose or convulsive inmate contact emergency services
- Sweating, tremors, headache, confusion, decrease in coordination may be present
- Perform finger stick for blood sugar determination

Emergency department notification time: _____ **Transport time:** _____

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

- Any inmate with signs of severe hypoglycemia

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (Check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- Perform finger stick for blood sugar level
- Administer glucose tabs, gel, soda pop or hard candy if inmate in early hypoglycemia, blood sugar less than 50
- Administer liquid with sugar content or concentrated glucose preparation
- Encourage fluid intake
- If inmate lethargic or comatose, establish IV access (this will require an order from health care provider) and call EMS
- Have available Glucagon 1 mg for **IM** administration (this will require an order from health care provider)
- Have available D50 for **IV** administration (this will require an order from health care provider)
- Do not release inmate from medical unit until re-checked blood sugar by fingerstick is done, blood sugar greater than 70, decreased signs and symptoms of hypoglycemia, inmate alert, responsive, and has taken in carbohydrates and protein, and Health Care Provider/RN notified.
FSBS _____ Time _____ FSBS _____ Time _____
- Education/Intervention: Instructed to follow diet and exercise, s/s of hypoglycemia, medication regime, follow-up sick call if recurrent. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

DOC #