

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
**DIABETIC – HYPOGLYCEMIA**

MSRM 140117.01.23  
(R-6/11)

(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:**

<input type="checkbox"/> Weakness	<input type="checkbox"/> Shakiness	<input type="checkbox"/> Sweating	<input type="checkbox"/> Headache	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Confusion
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**Objective Data:** (clinically indicated VS)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ FSBS \_\_\_\_\_

<input type="checkbox"/> Sweating	<input type="checkbox"/> Tremors	<input type="checkbox"/> Disorient	<input type="checkbox"/> Fruity breath
<input type="checkbox"/> Unsteady gait	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Comatose	<input type="checkbox"/> Convulsive

**Diabetic Emergency: Immediate Emergency Care and Ambulance Transfer to Hospital without Delay**

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

**Refer to Medical Provider If:**

- Any offender with signs of severe hypoglycemia

**Emergency department notification time:** \_\_\_\_\_ **Transport time:** \_\_\_\_\_

**Medical Provider/RN Notified: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Assessment:**

- Alteration in nutrition related to imbalance of insulin and food

**Plan:**

**Nursing Intervention Routine: Include First Aid**

- Perform finger stick for blood sugar level
- Administer glucose tabs or gel if offender in early hypoglycemia, blood sugar greater 50
- Administer liquid with sugar content or concentrated glucose preparation
- Encourage fluid intake
- If offender lethargic or comatose, establish IV access (this will require order from Medical Provider) and call EMS
- Have available Glucagon 1 mg for IM administration (this will require order from Medical Provider)
- Have available D50 for IV administration (this will require order from Medical Provider)
- Do not release offender from medical unit until re-check for blood sugar by fingerstick is done, blood sugar greater than 100, offender has eaten carbohydrates and protein and Medical Provider/RN notified.

FSBS \_\_\_\_\_ Time \_\_\_\_\_ FSBS \_\_\_\_\_ Time \_\_\_\_\_

**Progress Note:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Offender Education:**

- Instructed to follow diet and exercise, s/s of hypoglycemia, medication regime, follow-up sick call if no improvement.  
Offender verbalizes understanding of instructions.

**LPN Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/Provider Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

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