

XVI. DIABETES MANAGEMENT IN CORRECTIONAL INSTITUTIONS

For the complete set of the 2007 American Diabetes Association's (ADA) Clinical Practice Recommendations for Diabetes Management in Correctional Institutions, visit the ADA web page at: http://care.diabetesjournals.org/cgi/content/full/28/suppl_1/s4 .

Recommendations

- Individuals with a diagnosis of diabetes should have a complete medical history and undergo an intake physical examination by a licensed health care professional in a timely manner (see Initial Evaluation on page 8).
- Insulin treated inmates should have a BG* determination within 1-2 hours of arrival.
- Medications and MNT should be continued without interruption upon entry into the correctional environment.
- Correctional staff should be trained in the recognition, treatment, and appropriate referral for hypo- and hyperglycemia.
- Correctional staff should also be trained to recognize signs and symptoms of serious metabolic decompensation and to immediately refer the individual for appropriate medical care.
- Institutions should implement a policy of requiring staff to notify a physician of all BG results outside of a specified range as determined by the treating physician.
- Identify individuals with type 1 diabetes who are at high risk for DKA.
- Test each woman of childbearing age who has diabetes for pregnancy.
- Test any pregnant inmate for GDM at appropriate times during the pregnancy (see Screening, Diagnosis and Treatment of GDM on page 60).
- Refer any inmate who is pregnant and has diabetes or GDM for appropriate consultative care.
- In the correctional setting, policies and procedures should be developed and implemented to enable BG monitoring to occur at the frequency necessitated by each individual's glycemic control and diabetes regimen.
- Include diabetes information in correctional staff educational programs.
- For all interinstitutional transfers, complete a medical transfer summary to be transferred with the inmate.
- Diabetes supplies and medications should accompany the inmate during transfer.
- Begin discharge planning with adequate lead time to insure continuity of care and facilitate entry into community diabetes care.
- Individuals should be evaluated for diabetes risk factors at the intake physical, tested as indicated and evaluated at appropriate times thereafter (see Table 1 on page 4).

REFERENCE SECTION XVI

American Diabetes Association. Clinical Practice Recommendations. *Diabetes Care*. 30(Suppl. 1):S32-S33, S77-S84. 2007

* BG throughout these Recommendations means plasma or serum glucose. For a discussion on the ways of measuring glucose in the blood and their differences, see the Appendix, page 93.