

Management of Diabetes in Correctional Institutions

The American Diabetes Association is committed to quality medical care for all people with diabetes. Individuals with diabetes who are in correctional institutions should receive medical care that is equivalent to that delivered to other people with diabetes. Health-care providers and criminal justice officials must understand the complexities of diabetes management.

Correctional institutions should provide adequate treatment for inmates with diabetes. With timely and appropriate treatment, the potentially life-threatening acute complications of diabetes can be minimized. Therefore, it is essential that the person with diabetes

- Receive medications regularly (i.e., insulin or oral glucose-lowering agents) at prescribed times.
- Receive meals properly planned at times consistent with the treatment schedule.
- Be monitored for hypoglycemia and have access to prompt treatment.
- Be monitored for blood glucose, urine

ketones, and glycosylated hemoglobin.

- Have an annual eye examination through dilated pupils.
- Be monitored for hypertension and lipid disorders annually.
- Medication and the dietary regimen must be provided when a prisoner goes to court.
- Receive prompt medical treatment when there are signs or symptoms of diabetic complications; treatment must include access to a medical specialist when necessary.
- Participate in an exercise program that provides appropriate physical activity.
- Receive regular follow-up evaluations as recommended in the Standards of Medical Care for Patients With Diabetes Mellitus (1).
- Have arrangements made for continuation of therapy when an inmate is temporarily transferred to another site.

Diabetic patients receiving insulin must not be placed in isolation without frequent observation by guards to detect

hypoglycemia. Assistance must be readily available in the event of an insulin reaction; food, juice, or other sugar sources should be on hand. Fellow inmates and staff should be instructed in emergency procedures. Particular attention must be paid to the diabetic patient who also develops an intercurrent illness, because such complications can be life threatening.

The American Diabetes Association (ADA) has prepared numerous resource materials that provide guidance to health-care professionals and patients in the management of diabetes. Health-care professionals working in a correctional-care setting should have ready access to these materials: ADA's *Standards of Medical Care* (1), *Physician's Guides to Insulin-Dependent and Non-Insulin-Dependent Diabetes* (2,3), and *Goals for Diabetes Education* (4). In addition, ADA offers a wide range of printed materials for people with diabetes; it is essential that patients know the principles and practice of self-management of diabetes.

References

1. ADA Position Statement: Standards of medical care for patients with diabetes mellitus. *Diabetes Care* 12:365-68, 1989
2. *Physician's Guide to Insulin-Dependent (Type I) Diabetes: Diagnosis and Treatment*. Alexandria, VA, Am. Diabetes Assoc., 1988
3. *Physician's Guide to Non-Insulin-Dependent (Type II) Diabetes: Diagnosis and Treatment*. 2nd ed. Alexandria, VA, Am. Diabetes Assoc., 1988
4. *Goals for Diabetes Education*. Alexandria, VA, Am. Diabetes Assoc., 1987

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