

Prisoner Diabetes Handbook

*A Guide for M... D...
Prisoners*

2 t

1. The first part of the text discusses the importance of maintaining accurate records in a laboratory setting. It emphasizes that proper record-keeping is essential for ensuring the reliability and reproducibility of experimental results. This involves documenting all procedures, reagents used, and observations made during the course of an experiment.

2. The second part of the text focuses on the role of safety protocols in a laboratory environment. It highlights the need for all personnel to be thoroughly trained in safety procedures and to adhere strictly to these protocols at all times. This includes the use of personal protective equipment (PPE) and the proper handling of hazardous materials.

3. The third part of the text addresses the importance of maintaining a clean and organized laboratory. It notes that a cluttered workspace can lead to accidents and contamination, which can compromise the integrity of the research. Regular cleaning and organization are therefore essential for a safe and productive laboratory environment.

4. The fourth part of the text discusses the importance of effective communication in a laboratory setting. It emphasizes that clear and concise communication is necessary for ensuring that all team members are aware of their roles and responsibilities, and for resolving any issues that may arise during the course of the experiment.

5. The fifth part of the text concludes by reiterating the importance of these various factors in ensuring the success of a laboratory experiment. It stresses that a combination of accurate record-keeping, strict adherence to safety protocols, a clean and organized workspace, and effective communication are all essential for achieving reliable and reproducible results.

— t t

r r r r -> tr

Prison will make you or break you. There are people who can and people who can't. We are

m r t < r r r t

t r t r < tr

11 12 13 14



t t

... ..

mm r' r mt tr

... ..

m r r t

tt t

... ..

... ..

twhen tt r t r

... ..

t tt t r t t

... ..

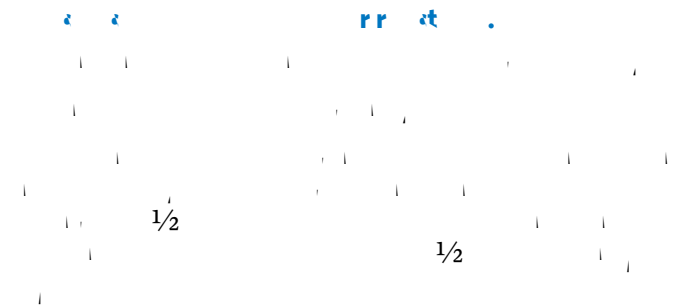
I eat a larger lunch to get my sugar a little high when I'm planning a big afternoon workout. Then I eat a snickers bar during the workout, and sometimes another one right after I finish.

Paulie

(This works for Paulie because he has type 1 diabetes, is not overweight, and works out strenuously for a long time.)

↑ ↑ ↑ ↑ ↑ ↑

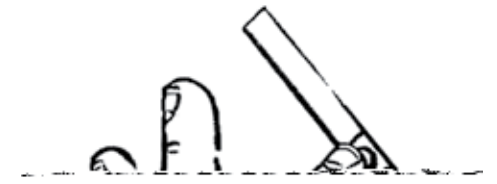
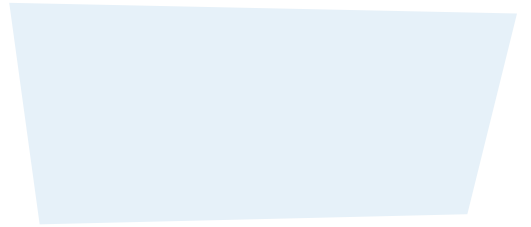
Insulin Type	Onset of Action	Peak Action	Duration of Action
Rapid-Acting Aspart (Novolog) Lispro (Humalog)	About 5-10 minutes (inject immediately before a meal – do not delay eating)	About 1 hour later	2-4 hours
Short-acting Regular	About 30 minutes	2-3 hours later	3-6 hours
Intermediate-acting NPH	About 2-4 hours	4-10 hours later	10-16 hours
Long-acting Glargine (Lantus) Detemir (Levemir)	About 1 hour	No peak; works the same throughout	20-24 hours
Premixed: 70/30 (70% intermediate & 30% short or rapid acting) 50/50 (50% N & 50% R) 75/25 (75% intermediate with 25% rapid acting)	Combines rapid-acting or short-acting mealtime insulin and intermediate-acting insulin. Designed to be taken before meals.		



-m t r t t t



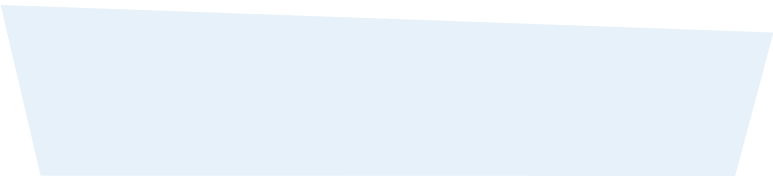
r(r m)



Второй этап работы по созданию модели «Технология» заключается в разработке структуры модели. Структура модели «Технология» представлена на рис. 1.1.



1. 1
2. 1
3. 1
4. 1
5. 1
6. 1
7. 1
8. 1
9. 1
10. 1
11. 1
12. 1
13. 1
14. 1
15. 1
16. 1
17. 1
18. 1
19. 1
20. 1
21. 1
22. 1
23. 1
24. 1
25. 1
26. 1
27. 1
28. 1
29. 1
30. 1
31. 1
32. 1
33. 1
34. 1
35. 1
36. 1
37. 1
38. 1
39. 1
40. 1
41. 1
42. 1
43. 1
44. 1
45. 1
46. 1
47. 1
48. 1
49. 1
50. 1
51. 1
52. 1
53. 1
54. 1
55. 1
56. 1
57. 1
58. 1
59. 1
60. 1
61. 1
62. 1
63. 1
64. 1
65. 1
66. 1
67. 1
68. 1
69. 1
70. 1
71. 1
72. 1
73. 1
74. 1
75. 1
76. 1
77. 1
78. 1
79. 1
80. 1
81. 1
82. 1
83. 1
84. 1
85. 1
86. 1
87. 1
88. 1
89. 1
90. 1
91. 1
92. 1
93. 1
94. 1
95. 1
96. 1
97. 1
98. 1
99. 1
100. 1





reformat

reformat -> reformat -> reformat

return

return -> return -> return

return -> return -> return

return -> return -> return

return -> return -> return

return

return -> return -> return

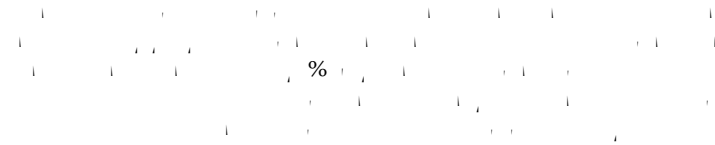
return -> return -> return

return -> return -> return



t m t
rr ct t t t

AMERICAN DIABETES ASSOCIATION



Reception screening

Reception screening is the first step in the process of identifying patients who may have diabetes. It involves a brief history and physical examination by a healthcare professional. The purpose is to identify patients who are at high risk for diabetes based on their medical history, family history, and physical findings. Patients who are identified as high risk should be referred for further screening and evaluation.

Intake screening

Intake screening is a more thorough evaluation of a patient's risk for diabetes. It involves a detailed history and physical examination, as well as laboratory testing. The purpose is to identify patients who have diabetes or who are at high risk for developing diabetes. Patients who are identified as having diabetes should be referred for further management and care.

Reception screening is the first step in the process of identifying patients who may have diabetes. It involves a brief history and physical examination by a healthcare professional. The purpose is to identify patients who are at high risk for diabetes based on their medical history, family history, and physical findings. Patients who are identified as high risk should be referred for further screening and evaluation.

Intake screening is a more thorough evaluation of a patient's risk for diabetes. It involves a detailed history and physical examination, as well as laboratory testing. The purpose is to identify patients who have diabetes or who are at high risk for developing diabetes. Patients who are identified as having diabetes should be referred for further management and care.

Complete exam including: Laboratory studies:

Complete exam including: Laboratory studies: This section describes the components of a complete examination and the laboratory studies that should be performed. It includes information on the history and physical examination, as well as the specific laboratory tests that should be ordered. The purpose is to ensure that all necessary information is gathered to accurately assess a patient's risk for diabetes and to identify any underlying conditions that may be contributing to the patient's symptoms.

Complete exam including: Laboratory studies:

Complete exam including: Laboratory studies: This section describes the components of a complete examination and the laboratory studies that should be performed. It includes information on the history and physical examination, as well as the specific laboratory tests that should be ordered. The purpose is to ensure that all necessary information is gathered to accurately assess a patient's risk for diabetes and to identify any underlying conditions that may be contributing to the patient's symptoms.

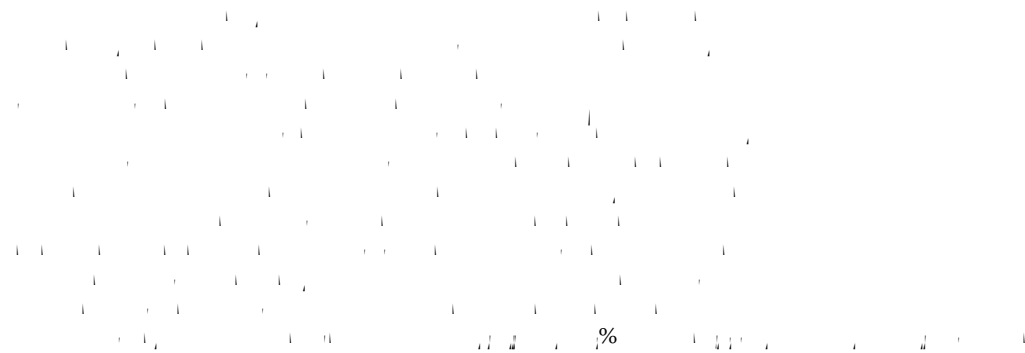
Figure 1-E Reception screening, intake screening, and complete exam including laboratory studies. Reception screening is the first step in the process of identifying patients who may have diabetes. It involves a brief history and physical examination by a healthcare professional. The purpose is to identify patients who are at high risk for diabetes based on their medical history, family history, and physical findings. Patients who are identified as high risk should be referred for further screening and evaluation. Intake screening is a more thorough evaluation of a patient's risk for diabetes. It involves a detailed history and physical examination, as well as laboratory testing. The purpose is to identify patients who have diabetes or who are at high risk for developing diabetes. Patients who are identified as having diabetes should be referred for further management and care. Complete exam including laboratory studies: This section describes the components of a complete examination and the laboratory studies that should be performed. It includes information on the history and physical examination, as well as the specific laboratory tests that should be ordered. The purpose is to ensure that all necessary information is gathered to accurately assess a patient's risk for diabetes and to identify any underlying conditions that may be contributing to the patient's symptoms.

Table 1 *Effect of treatment on the primary outcome*

Outcome	Control group	Treatment group	P value
Primary outcome	100%	100%	0.001

Secondary outcome	100%	100%	0.001
-------------------	------	------	-------

Other outcome	100%	100%	0.001
---------------	------	------	-------



1. The first paragraph discusses the importance of patient education in diabetes management, highlighting the role of healthcare providers in providing clear instructions and support.

2. The second paragraph focuses on the challenges patients face in adhering to their treatment plans, such as lack of knowledge, forgetfulness, and limited resources.

3. The third paragraph explores the impact of social and cultural factors on patient adherence, including family support and community beliefs.

4. The fourth paragraph discusses the role of technology in improving patient adherence, such as the use of mobile apps and remote monitoring devices.

5. The fifth paragraph emphasizes the need for ongoing education and support for patients, including the role of diabetes educators and support groups.

6. The sixth paragraph discusses the role of patient self-management in achieving better health outcomes, including the importance of setting realistic goals and monitoring progress.

7. The seventh paragraph explores the impact of patient adherence on healthcare costs and the quality of care, highlighting the need for strategies to improve adherence.

8. The eighth paragraph discusses the role of patient education in preventing complications, such as cardiovascular disease and kidney disease.

9. The ninth paragraph emphasizes the need for a patient-centered approach to diabetes care, involving patients in decision-making and providing individualized support.

10. The tenth paragraph discusses the role of patient education in promoting a healthy lifestyle, including the importance of diet, exercise, and stress management.



Recommendations

[Faint, illegible text, likely bleed-through from the reverse side of the page]

Nutrition and activity

[Faint, illegible text]

Medical management and follow-up

[Faint, illegible text]

[Faint, illegible text, likely bleed-through from the reverse side of the page]

[Faint, illegible text]

Acknowledgments

[Faint, illegible text]

References

1. American Diabetes Association. Standards of medical care in diabetes—2007. *Diabetes Care* 2007;30:1365–1376.

2. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1377–1385.

3. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1386–1392.

4. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1393–1398.

5. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1399–1404.

6. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1405–1410.

7. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1411–1416.

8. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1417–1422.

9. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1423–1428.

10. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1429–1434.

11. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1435–1440.

12. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1441–1446.

13. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1447–1452.

14. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1453–1458.

15. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1459–1464.

16. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1465–1470.

17. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1471–1476.

18. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1477–1482.

19. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1483–1488.

20. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1489–1494.

21. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1495–1500.

22. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1501–1506.

23. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1507–1512.

24. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1513–1518.

25. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1519–1524.

26. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1525–1530.

27. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1531–1536.

28. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1537–1542.

29. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1543–1548.

30. American Diabetes Association. Diabetes Mellitus with Complications. *Diabetes Care* 2007;30:1549–1554.

Michael D. Cohen, MD
 Kathryn Godley, MS, RN, CDE
 Rhonda Brownstein
 Rosi Smith
 Russell Estes
 Scott Phillips
 Masi B. Gedney