

Guidelines of Medical Care for Adult Patients with Diabetes (1) (Rev. 02/2009) (Previous editions obsolete.)

These are guidelines to be adapted into the clinician's practice recommended by the Nebraska Diabetes Consensus Guidelines Task Force.

Patient Name: _____ Date of Birth: ___/___/___ Year of Diagnosis: _____

Attended Diabetes Self-Management Classes: Yes ___ No ___ If yes, When/Where: _____

Follow-up Education with CDE/RD: Yes ___ No ___ If yes, When/Where: _____

Complications: _____

Frequency may be every **diabetes-related visit – to be determined by physician*

EVERY VISIT, QUARTERLY OR BI-ANNUALLY

Indicators	Frequency*	Goals (1)	Date/Results	Date/Results	Date/Results	Date/Results	Date/Results	Date/Results
Weight or BMI Percentage(2)		Desirable wt: _____						
Blood Pressure	Every Visit	<130/80 mm Hg						
Foot Exam/Pulses (3)	Every Visit							
Skin/injection Sites	Every Visit							
Blood Glucose	Every Visit							
Review of Self-Blood Glucose Monitoring Record (80-120 mg/dl premeals; 100-140 mg/dl at bedtime)	Every Visit	Fill in Goal for this patient.						
Review/Update Current Meds	Every Visit							
Discuss Lifestyle Management - Tobacco Use Status Using/Doesn't Use Cessation if using - Physical Activity – Assess	Every Visit							
Consider daily aspirin use	Every Visit	81-325 mg/day Aspirin						
Consider Ace inhibitors (4)								
A1C (Hemoglobin A1C)		Minimum goal <7% (5)						
-insulin treated	Quarterly							
-non-insulin treated	2-4 times/ year, or as needed							
Referred for Dental Exam	Bi-Annual	Exam Date/Dentist:						

Yearly or One-Time

Indicators	Frequency*	Goals (1)	Date/Results
Annual Exam/History Update	Yearly		
Abdominal Exam	Yearly		
Neurological Exam/Depression Screening	Yearly		
Cardiac Assessment/Pulses	Yearly		
Thyroid Assessment (6)	Yearly		
Referred for Dilated Eye Exam (7)	Yearly	Exam Date/ Physician:	Macular Edema: Yes___ No___ Severity of Retinopathy, if present:
Total Cholesterol (8)	Yearly	<200 mg/dl	
HDL-C (8)	Yearly	>50 mg/dl females >40 mg/dl males	
Triglycerides (8)	Yearly	<150 mg/dl	
Calculated or Measured LDL Assessment (8)(9)	Yearly	<100 mg/dl	
Random spot urine for albumin /creatinine ratio (10)	Yearly	<30 ug/mg creatinine	
Annual Renal Screen to include serum creatinine (11)	Yearly	GFR >60 ml/min/1.73 m ²	
Influenza Vaccine	Yearly	Date/location:	
Pneumococcal Vaccination (12)	(12)	Date/location:	

- (1) Based on American Diabetes Association: Standards of Medical Care for Patients With Diabetes Mellitus. Diabetes Care 32 (Suppl. 1): January 2009.
- (2) Healthy BMI: 18.5-24.9; underweight BMI: less than 18.5; overweight BMI: 25.0-29.9; obese BMI: 30 or more.
- (3) Annual comprehensive foot exam.
- (4) Ace Inhibitors and ARBs are contraindicated during pregnancy.
- (5) ADA recommends <6% or as close to normal as possible without significant hypoglycemia (SII); AACE recommends <6.5%.
- (6) Thyroid function tests when indicated.
- (7) Type 1 - ADA annually within 3-5 years after onset with annual follow-up dilated exams; AAO - 5 years after onset and annually thereafter. Type 2 annually.
- (8) Lipid profile, annually. If within normal limits, the clinician may consider obtaining less frequently.
- (9) 2004 National Cholesterol Education Program (NCEP) clinical practice guidelines recommend treating to <70 mg/dL. Adult Treatment Panel (ATP) III goal is <100 for high-risk patients and <70 for very high-risk patients. ADA Guidelines suggest <100 mg/dl for all; consider statins >40 years of age with total cholesterol >130 mg/dl and goal >70 mg/dl with known heart disease or multiple risk factors. If LDL goal not reached w/max tolerable statin therapy, 40% drop from baseline is acceptable.
- (10) Five years after diagnosis, then annually at adolescence for Type 1; at diagnosis for type 2.
- (11) ADA recommends measuring at least annually for estimation of glomerular filtration rate (GFR) in all adults with diabetes regardless of degree of urine albumin excretion. Serum creatinine alone should not be used as a measure of kidney function but to estimate GFR using MDRD equation and state the level of CKD.
- (12) Centers for Disease Control & Prevention Guidelines: once and repeat after 65 years of age if greater than 5 years after last vaccination. (MMWR Vol. 56(41): Q1-Q4).

BASIC SELF-MANAGEMENT EDUCATION - ROUTINE VISITS – ADULT PATIENTS

	Date	Comments – Update Yearly for All
Lifestyle review: (tobacco use, alcohol use, stress, depression, birth control, pre-pregnancy counseling, physical activity)		
Sick day management & Urine ketone testing		
Medication Administration		
Self blood glucose monitoring		
Hypoglycemia treatment		
Nutrition management		
Foot care (Separate sheet)		
Eye care (separate sheet)		
Dental Care (separate sheet)		
Nephropathy		
Neuropathy		
Hypertension (high blood pressure)		
Formal Self-Management Diabetes Education		