

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

The Nebraska Diabetes Consensus Guidelines Task Force recommends these guidelines be adapted into the clinician's practice.

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*

Indicators	Frequency*	Goals (1)	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.				
Discuss Lifestyle Management - Tobacco Use Status Using/Doesn't Use Cessation if using - Physical Activity - Assess	Every Visit					
Review/Update Current Meds	Every Visit					
Consider daily aspirin use	Every Visit	81-325 mg/day aspirin				
Consider Ace Inhibitors (4)	Every Visit	ACEI/ARB				
Consider Statins	Every Visit					
A1C (Hemoglobin A1C)						
-insulin treated	Quarterly	Minimum goal <7% (5)				
-non-insulin treated	2-4 times/yr or as needed					
Referred for Dental Exam	Bi-annual	Exam Date/Dentist:				
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 per 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 for selected individuals 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 w/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 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 stage the level of CKD.
- (12) Centers for Disease Control & Prev. Guidelines: once and repeat after age 65 if greater than 5 years after last vaccination. (MMWR Vol. 56(41): Q1-Q4.