

**Guidelines of Medical Care for Adult Patients with Diabetes (1) (Rev. 07/2012) (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 (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 (70-130 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	81-162 mg/day Aspirin						
Consider Ace inhibitors (4)								
A1C (Hemoglobin A1C)		<7% (5)						
-insulin treated	Quarterly							
-non-insulin treated	2-4 times/year, or as needed							
Referred for Dental Exam	Bi-Annual	Exam Date/Dentist:						

