

Guidelines of Medical Care for Pediatric 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

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								
Indicators	Frequency*	Goals (1)	Date/Results	Date/Results	Date/Results	Date/Results	Date/Results	Date/Results
Height	Every Visit							
Weight or BMI	Every Visit	Weight or BMI						
Tanner Stage	Yearly							
Blood Pressure	Every Visit	Age specific guidelines						
Foot Exam/Pulses (2)	Every Visit							
Skin/injection Sites	Every Visit							
Blood Glucose	Every Visit							
Review of Self-Blood Glucose Monitoring Record	Every Visit	Age specific guidelines (3)						
Review/Update Current Meds	Every Visit							
Discuss Lifestyle Management - Tobacco Use Status Using/Doesn't Use Cessation if using - Physical Activity - Assess	Every Visit							
A1c (Hemoglobin A1c)	Every 3 Months	0-6 yrs <8.5 6-12 yrs <8 13-19 yrs <7.5						

Yearly			
Indicators	Frequency*	Goals (1)	Date/Results
Abdominal Exam	Yearly		
Neurological Exam/Depression Screening	Yearly		
Cardiac Assessment/Pulses	Yearly		
Thyroid Assessment (4)	Yearly		
Referred for Dilated Eye Exam (5)	Yearly	Exam Date/ Physician:	
Total Cholesterol (6)	Yearly	<170 mg/dl	
HDL-C (6)	Yearly		
Triglycerides (6)	Yearly		
Calculated or Measured LDL Assessment (6)	Yearly	<100 mg/dl (6)	
Random spot urine for albumin /creatinine ratio (7)	Yearly	<30 ug/mg creatinine	
Influenza Vaccine	Yearly	Date/location:	
Pneumococcal Vaccination (8)	(8)	Date/Location:	
Celiac Disease (9)			

(1) Based on American Diabetes Association: Standards of Medical Care for Patients With Diabetes Mellitus. *Diabetes Care* 35 (Supp. 1): January 2012.

(2) Annual comprehensive foot exam.

(3) Daytime: <5 years. 100-200; >5 years, 70-150 or as determined by physician; nighttime: <5 years, 150-200; >5 years, 120-180 or as determined by physician.

(4) Type 1 Thyroid function tests annually; Type 2, at time of diagnosis and as indicated.

(5) ADA: once child is ≥ 10 years old & has had diabetes for three to five years; annual follow-up. AAP: three to five years after diagnosis if >9 years old and annually thereafter. Pediatric Endocrinologist: dilated eye exam first year after diagnosis; not annually until adolescence or after puberty.

(6) Perform a fasting lipid panel on all children >2 years at the time of diagnosis (after glucose control has been established); if values are within normal levels and family history is not a concern, follow-up is recommended at five-year intervals thereafter. (Nebraska Diabetes Consensus Guidelines Task Force recommendation.)

(7) Annual screening once child is 10 years of age. (Nebraska Diabetes Consensus Guidelines Task Force recommendation.)

(8) Centers for Disease Control and Prevention Guidelines.

(9) Patients with Type 1 diabetes should be screened for Celiac disease. Children with positive antibodies should be referred to a gastroenterologist for evaluation. Children with confirmed celiac disease should have consultation with a dietitian and placed on a gluten-free diet.