GUIDELINES OF MEDICAL CARE FOR ADULT PATIENTS WITH DIABETES *(1) (Rev. 06/2013)*

Suggested guidelines to be adapted into clinician's practice recommended by: 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: _____

Tobacco Use Status: Uses ____ _ Doesn't Use _____

Complications: _____ Height: _____

EVERY VISIT

Date	Weight/ Bmi *(2)*	BP	BG LOG	Current Meds	Foot Exam *(3)*	Skin	Tobacco Use
GOAL *(1)*	_____	<140/80	70-130 fasting 100-140 at bedtime	Review/update	Skin/Sensation/ Vascular	Injection sites if on insulin	Discuss if still using

Consider daily aspirin use		81-162 mg.
Consider ACE inhibitors (4)		ACEI/ARB
Consider Statins		
A1C (Hemoglobin A1C) Quarterly		<7%)***(5)***
Dental Exam	Twice/Year	Date & Dentist
Hepatitis B (13)	If Needed	

ANNUAL EXAM & TESTS

History Update:	Total Cholesterol <200 mg/dl (6)	Random spot urine for albumin/creatinine ratio or 24-hr urine for micro albumin goal: <30 ug/mg *(8)*	
Abdominal Exam:	HDL >40 mg/dl M >50 mg/dl F (6)	Annual Renal Screen to include serum creatinine goal: GFR >60 ml/min/1.73 m² (9) Thyroid Assessment (*10)*	
Neurological Exam/ Depression Screen:	Triglycerides <150 mg/dl (6)	Referral for dilated eye exam *(11)*	Macular Edema: Yes___ No ___ Severity of retinopathy if present:
Cardiac Exam & Pulses:	LDL <100 mg/dl (6)(7)	Influenza Vaccine Pneumococcal Vaccination *(12)* (Date Given)	

1. Based on American Diabetes Association: Standards of Medical Care for Patients with Diabetes Mellitus. *Diabetes Care* 36 (Suppl. 1): January 2013.
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 recommended.
4. Ace inhibitors, ARBS and statins are contraindicated during pregnancy.
5. ADA recommends <6.5% or as close to normal as possible without significant hypoglycemia. *Diabetes Care* 36 (Suppl. 1): January 2013.
6. Lipid profile, annually. If within normal limits, the clinician may consider obtaining less frequently.
7. 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.
8. Type 1 – Five years after diagnosis, then annually at adolescence. Type 2 - at diagnosis..
9. 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.
10. Thyroid function tests when indicated.
11. Type 1-ADA annually within 5 yrs after onset with annual follow-up dilated exams; Type 2-annually.
12. Centers for Disease Control & Prevention Guidelines: once and repeat after 65 years of age if more than five years after last vaccination. (MMWR Vol. 56(41): Q1-Q4.
13. For all adults with diabetes aged 19 through 59 years who have diabetes, it is recommended they be vaccinated against the hepatitis B virus (HBV) as soon as possible after a diagnosis of diabetes is made and that vaccination should be considered for those aged ≥60 years, after assessing risk and likelihood of an adequate immune response.