



Guidelines of Medical Care for Pediatric Patients with Diabetes (1) (Rev. 06/2013) (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 Mgt - 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* 36 (Suppl. 1): January 2013.
- (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.