

Care Guide for Management of Diabetes

Population	Physician/ Patient	Recommendations	Frequency
Adults (18 years and older)	Screening for Diabetes	<p>The purpose of screening is to identify asymptomatic individuals who are likely to have diabetes or pre-diabetes. Appropriate tests: Fasting Plasma Glucose (FPG) or Oral Glucose Tolerance Test (OGGT)</p> <ul style="list-style-type: none"> • Screening for diabetes should be considered in all individuals age 45 and older. • Screening for adult individuals at any age who have a BMI ≥ 25 kg/m² and are positive for additional risk factors: <ul style="list-style-type: none"> ➤ Physically inactive ➤ First-degree relatives with diabetes ➤ Members of a high-risk ethnic population (e.g., African American, Latino, Native American, Asian American, Pacific Islander) ➤ Gestational Diabetes or delivery of an infant weighing > 9lbs. ➤ Hypertensive ($\geq 140/90$mmHG) ➤ HDL <35 mg/dl or triglyceride level >250 mg/dl ➤ History of vascular disease ➤ Polycystic Ovary Syndrome (PCOS) or other insulin resistant conditions ➤ Previous test results of an impaired glucose tolerance (IGT*) test or an impaired fasting glucose (IFG**) <p>*IGT = 2-hour plasma glucose 140mg/dl to 199mg/dl **IFG = Fasting plasma glucose (FPG) results 100mg/dl to 125mg/dl FPG is as no caloric intake for a minimum of 8 hours</p> <p>A positive screen should be followed up with instructions on diet, increasing physical activity and monitor for diabetes and cardiovascular disease (CVD).</p>	<p>If screening results are normal, repeat every 3 years</p> <p>Every 2 years</p>
Adults (18 years and older) for a diagnosis of Diabetes Mellitus	Confirm Diagnosis	<ul style="list-style-type: none"> • A FPG ≥ 126mg/dl*. The fasting plasma glucose is the preferred test to diagnose non-pregnant adults. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • A non-fasting plasma glucose ≥ 200 mg/dl* <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • 2-h plasma glucose ≥ 200 mg/dl* during a 75-g Oral Glucose Tolerance Test (OGTT). <p>*Each test method must be confirmed on a subsequent day, unless the obvious symptoms of diabetes are present. Recurrent symptoms include: polyuria, polydipsia and unexplained weight loss</p> <p>Note: The A1C is not recommended for diagnosis of diabetes.</p>	Initial testing

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Adults (18 years and older) with a diagnosis of Diabetes Mellitus	Physician Steps	<ul style="list-style-type: none"> • A comprehensive diabetes evaluation and assess related complications • Relieve symptoms, consider pharmacologic treatment or appropriate therapy • Assess CVD risk factors: smoking, hypertension, hyperlipidemia, sedentary lifestyle, obesity, family history, age, gender, ethnic group and stress. • Implement management and treatment plan including patient, family and other members of the health care team. • Refer to outpatient diabetes education program • Refer to Disease Management Program • Consider referral to diabetes specialist if indicated • Psychosocial issues: screen for depression, sexual health concerns, alcohol or substance abuse and social support systems • Visual diabetic foot exam • Refer for dental exam (2 times/year) 	Initial visit and follow-up visits
	Laboratory Tests and Other Studies	<ul style="list-style-type: none"> • HgA1C based on individual goal (>7% recommended by ADA) • Comprehensive Diabetic foot exam: monofilament or tuning fork • Urine micro albumin measurement • Lipid profile, preferably fasting (LDL <100mg/dl and HDL >40mg/dl) • Dilated retinal exam by ophthalmologist, optometrist or digiscope 	2-4 x's/yr Annually Annually Annually
	Immunizations	<ul style="list-style-type: none"> • Influenza vaccine prior to flu season (recommended October) • Pneumococcal vaccine 	Annually Once in a lifetime or as indicated
	Patient Education	<p>Educate patient regarding:</p> <ul style="list-style-type: none"> • Diabetes risk factors • Signs and symptoms of diabetes and treatment plan • Medications • Monitoring blood sugars with glucometer • Cardiovascular risk reduction • Nutrition • Regular physical activity • Foot care • Family planning/Pre-pregnancy counseling if applicable 	Initial and follow-up visits
	Patient Self-Monitoring	<ul style="list-style-type: none"> • Ability to monitor blood sugars with use of glucometer and medications • Ability to recognize hypoglycemia or hyperglycemia symptoms and initiate medications according to their treatment plan • Ability to recognize symptoms that should be reported to the physician 	Initial visit or with increasing symptoms
All Patients Identified As Tobacco Users	Identification of Tobacco Use and Intervention to Promote Tobacco Cessation	<ul style="list-style-type: none"> • Ask: Identify all tobacco users with every visit • Advise: Strongly urge all tobacco users to quit • Assess: Determine willingness to quit • Assist: Aid the patient in quitting through education, self-help tips, nicotine replacement therapy or withdrawal medications • Arrange: Follow-up contact for progress/support 	Initial visit and follow-up visits

References:

American Diabetes Association www.diabetes.org

Heartland Diabetes Self Care Tools <http://www.diabetes.org/risk-test.jsp>

Heartland Patient Teaching Bulletins