

Management Guide

EVERY VISIT

- Blood Pressure*†
- Foot Exam (inspection of skin integrity, temperature, shape, nails, pulses, strength, gait & balance, footwear)*
- Glucose Level/Home Monitoring Records*
- ASA Therapy (75-162 mg/day for pt.> 40; with CVD; with CV risk factor)*
- Tobacco Counseling*
- Case Manager Referral as needed
- Diabetes Education/Nutrition Referral as needed*

EVERY 6 MONTHS

- A1C Level (at least 2 in 12 months if pt. meeting goals/stable glycemic control. Quarterly if pt. not meeting glycemic goals or therapy has changed)*†
- Continued Care Visit (2 per 12 months)*†
- Self Management Review - nutrition, exercise, BG records, foot care, meds, etc.*

EVERY 12 MONTHS

- Refer for Dilated Eye Exam*†
- Comprehensive Foot Exam with Monofilament/Sensory Exam*†
- Lipid Panel*†
- Flu Vaccine*†
- Microalbuminuria Screen (begin at diagnosis of diabetes in type 2; begin with diabetes duration > 5 years in type 1)*
- Urine Protein*
- Dental Exam

ONCE (Repeat per CDC Guidelines)

- Pneumococcal Vaccine*

* Source: Diabetes Care: Volume 28, Supplement 1, January 2005 Clinical Practice Recommendations <http://care.diabetesjournals.org>

† Items tracked in CCNC Diabetes Audit Process

Expected Values

1. A1C	2. BLOOD PRESSURE	3. LIPID LEVELS	4. NEPHROPATHY SCREENING	5. FOOT EXAMS
<p>ADA Goal = A1C < 7%</p> <p>Complication Risk:</p> <p>Low A1C < 6.5</p> <p>Medium A1C 6.6 - 8.0</p> <p>High A1C > 8.1</p> <p>Frequency:</p> <p>At least two times/yr if pt. meeting goals/stable glycemic control</p> <p>Quarterly if pt. not meeting glycemic goals or therapy has changed</p>	<p><130/80 mmHg</p> <p>Frequency:</p> <p>At every routine diabetes visit</p>	<p>LDL <100 mg/dl (Initiate therapy >100 mg/dl)</p> <p>HDL >40 mg/dl men</p> <p>HDL >50 mg/dl women</p> <p>Triglycerides <150 mg/dl</p> <p>Frequency:</p> <p>At least annually and more often if needed to achieve goals</p>	<p>(preferred method)</p> <p>1. *albumin-to-creatinine ratio < 30 ug/mg creatinine</p> <p>2. 24 hour urine with creatinine clearance < 30 mg/24 h.</p> <p>3. time collection < 20 µg/min.</p> <p>A positive screening result indicates the need to repeat the screen</p> <p>Frequency:</p> <p>At least annually; starting at diagnosis of diabetes in type 2</p> <p>Starting with diabetes duration > 5 years in type 1</p>	<p>Visual Inspection:</p> <p>No abnormal findings related to skin integrity, temperature, shape, nails, pulses, strength, gait & balance, footwear; perform at each routine visit.</p> <p>Frequency:</p> <p>Perform a visual inspection of patients' feet at each routine visit.</p> <p>Comprehensive:</p> <p>No abnormal findings related to protective sensation, foot structure and biomechanics, vascular status, and skin integrity. The foot examination can be accomplished in a primary care setting and should include the use of a Semmes-Weinstein monofilament, tuning fork, palpation, and a visual examination. Perform annually to identify risk factors predictive of ulcers and amputations.</p> <p>Frequency:</p> <p>Annually to identify risk factors predictive of ulcers and amputations.</p> <p>Pt. with > 1 high-risk foot conditions should be evaluated more frequently for the development of additional risk factors.</p>

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- Blood Pressure*†
- Foot Exam (inspection of skin integrity, temperature, shape, nails, pulses, strength, gait & balance, footwear)*
- Glucose Level/Home Monitoring Records*
- Tobacco Counseling*
- Case Manager Referral as needed
- Diabetes Education/Nutrition Referral as needed*

EVERY 6 MONTHS

- A1C Level (at least 2 in 12 months if pt. meeting goals/stable glycemic control. Quarterly if pt. not meeting glycemic goals or therapy has changed)*†
- Continued Care Visit (2 per 12 months)*†
- Self Management Review - nutrition, exercise, BG records, foot care, meds, etc.*

EVERY 12 MONTHS

- Refer for Dilated Eye Exam - begin within 3-5 years after the diabetes is diagnosed, once the child has reached the age of 10*†
- Comprehensive Foot Exam with Monofilament/Sensory Exam*
- Lipid Panel - Begin at age 2 ONLY IF family hx CVD, hypercholesterolemia or unknown family hx. Otherwise, begin at puberty or age 12. If abnormal, repeat every year. If normal repeat every 5 years.*†
- Flu Vaccine (begin at 6 months)*†
- Microalbuminuria Screen - Type 1 begin when child is age 10 and has had diabetes 5 years; then annually. Type 2 begin at diagnosis of diabetes; then annually*
- Urine Protein*
- Dental Exam

ONCE (Repeat per CDC Guidelines)

- Pneumococcal Vaccine (begin age 2 - see Pediatric Red Book)*†

* Source: Diabetes Care: Volume 28, Supplement 1, January 2005 Clinical Practice Recommendations <http://care.diabetesjournals.org>

† Items tracked in CCNC Diabetes Audit Process

Expected Values

1. A1C TARGET RANGES

<6 years A1C 7.5% - 8.5%
6-12 years A1C <8%
13-19 years A1C <7.5%

Frequency:

At least two times/yr if pt. meeting goals/stable glycemic control

Quarterly if pt. not meeting glycemic goals or therapy has changed

2. BLOOD PRESSURE

See norms based on sex and height

Frequency:

At every routine diabetes visit

3. LIPID LEVELS

LDL <100 mg/dl
HDL >35 mg/dl
Triglycerides <150 mg/dl

Frequency:

Lipid Panel - Begin at age 2 ONLY IF family hx CVD, hypercholesterolemia or unknown family hx. Otherwise, begin at puberty or age 12. If abnormal, repeat every year. If normal repeat every 5 years.

4. NEPHROPATHY SCREENING

(preferred method)
1. *albumin-to-creatinine ratio < 30 ug/mg creatinine
2. 24 hour urine with creatinine clearance < 30 mg/24 h.
3. time collection < 20 µg/min.

A positive screening result indicates the need to repeat the screen

Frequency:

Microalbuminuria Screen - Type 1 begin when child is age 10 and has had diabetes 5 years, then annually. Type 2 begin at diagnosis of diabetes, then annually.

5. FOOT EXAMS

Visual Inspection:

No abnormal findings related to skin integrity, temperature, shape, nails, pulses, strength, gait & balance, footwear; perform at each routine visit.

Frequency:

Perform a visual inspection of patients' feet at each routine visit.

Comprehensive:

No abnormal findings related to protective sensation, foot structure and biomechanics, vascular status, and skin integrity. The foot examination can be accomplished in a primary care setting and should include the use of a Semmes-Weinstein monofilament, tuning fork, palpation, and a visual examination. Perform annually to identify risk factors predictive of ulcers and amputations.

Frequency:

Annually to identify risk factors predictive of ulcers and amputations. Pt. with > 1 high-risk foot conditions should be evaluated more frequently for the development of additional risk factors.