

Basic Guidelines for Diabetes Care

Clinical guidelines

PHYSICAL AND EMOTIONAL ASSESSMENT

Blood Pressure, Weight

Adults: Every Visit. Blood pressure target goal <130/80 mmHg.
Children (add height; plot on growth chart): Every Visit.
Blood pressure <90th percentile age standard, normal weight for height (see standard growth charts).

Foot Exam (for adults)

Every "Diabetes Visit": Thorough visual inspection. Annually:
Pedal pulses, neurological exam by specialist or PCP.

Dilated Eye Exams

Type 1: 5 years post diagnosis, then every year by a trained expert.
Type 2: shortly after diagnosis, then every year by a trained expert.
Note: Internal quality assurance data may be used to support less frequent testing.

Depression

Probe for emotional/physical factors linked to depression annually; treat aggressively with counseling, medication and/or referral.

LAB EXAM

HbA1c

Quarterly, if treatment changes or is not meeting goals; 1-2 times/year if stable
Target goal: <7.0% or <1 % above lab norms.
Children: Modify if necessary to prevent significant hypoglycemia.

Microalbuminuria Unless proteinuria has been documented

Type 1: 5 years post diagnosis, then every year.
Type 2: Begin at diagnosis, then every year.

Blood Lipids (for adults)

On initial visit, then annually
Target goals: Cholesterol, triglycerides <200 mg/dL
LDL <100
HDL >45 for men
HDL >55 for women
Non-HDL cholesterol <130

SELF MANAGEMENT TRAINING

Management Principles And Complication

Initially, then annually: Assess knowledge of diabetes, medications, self-monitoring, acute/chronic complications, and problem-solving skills.

Every visit: Screen for problems with and barriers to self-care; assist patient to Identify achievable self-care goals.

Children: Appropriate for developmental stage.

Self Glucose Monitoring

Type 1: Typically test 4 times a day.

Type 2 (and others): As needed to meet treatment goals.

Medical Nutrition Therapy (by a trained expert)

Initially: Assess needs/condition, assist patient in setting nutrition goals.

Follow-up Visits: Assess progress toward goals, identify problem areas.

Physical Activity

Initially: Assess patient.

Initially, and in follow-up visits: Prescribe physical activity based on patient's needs/condition

Weight Management

Initially and in follow-up visits: Must be individualized for patient.

INTERVENTIONS

Preconception Counseling And Management

Consult with high risk prenatal programs where available (e.g., "Sweet Success" California Diabetes and Pregnancy Program).

Pregnancy Management

Consult with high-risk prenatal programs where available.

Aspirin Therapy

(75-162 mg/day) in adults as primary and secondary prevention of CHD, unless contraindicated.

Smoking Cessation

Initially, then annually: Screen, advise, and assist.

Vaccinations

Influenza and Pneumococcal, per CDC recommendations.

Dental Exams

At least twice yearly.

Adopted from guidelines developed by the American Diabetes Association, "Standards of Medical Care in Diabetes," 2005 These Basic Guidelines are consistent with ADA Clinical Practice Recommendations. (www.diabetes.org)

Basic Guidelines are not fixed protocols that must be followed, but are intended for health care professionals and providers to consider. Individuals may require additional services or more frequent interventions from those specified.

Patients and providers should confirm with individual health care plans whether the specific medical services described in the Basic Guidelines are covered benefits.

Affiliated Doctors of Orange County recommends at least initial consultation/education with a podiatrist or other expert on nail and foot care.