



Clinical Practice Aids Diabetic Care

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These guidelines are based on the New Hampshire Guidelines for Diabetes Care and "American Diabetes Association: Clinical Practice Recommendations 2007": ADA Link: <http://www.diabetes.org/for-health-professionals-and-scientists/cpr.jspq>

Guidelines for PerformMedED Diabetes Care

Care Components	Frequency	Description/Comments
History and Physical		
Blood Pressure and Weight	Every 3 Months	If BP above 130/80 initiate measures to lower
Fundoscopy Exam	Every 3 Months	
Dilated Eye Exam	Annual	Refer to ophthalmologist or optometrist
Oral Exam	Annual	Examine for lesions and yeast infections
Foot Exam	Every 3 Months	Visual exam without shoes and socks every visit
Pedal Pulse and Monofilament	Annual	Refer to podiatrist if indicated
Skin Evaluation	Ongoing	Sx assessment q 3 mo
Gyn Evaluation	Annual	Speculum exam annually
Flu Vaccine	Every Fall	
Pneumovax	As Indicated	Varies with age and risk
Smoking	Status Annual/Ongoing	Check every visit/Encourage smoking cessation
Review Treatment Plan	Every 3 Months	Check self monitoring log book: diet, exercise
Review Education Plan	Initial/Ongoing	Refer for diabetes education
Labs		
A1c	Every 3 Months	For patients in general: <7%; Ideal individual target: as close to normal (< 6.0%) as possible without significant hypoglycemia
Fasting/Random Blood Glucose	As Indicated	Compare lab result with glucose self monitoring
Fasting Lipid Profile	Initial/Ongoing	Follow current AHA or NCEP Guidelines
Urinalysis	Annual	If protein negative or trace, test for microalbumin. If $\geq 1+$ proteinuria, test 24 hr urine protein and CrCl and initiate treatment as indicated
Urine Microalbumin/Creatinine	Initial/Annual	Test if protein negative or trace on UA. If positive, recheck q 3 mo. x 2 before treatment
Serum Creatinine	Initial/Annual/As Indicated	Check at least 2x/year if patient on metformin
Thyroid Function	Initial	Every 5 years in type 1
Self Management		
Self-Management Principles	Initial/Ongoing	See diabetes education content areas on reverse side. Refer to diabetes education as needed
Glucose Self Monitoring	Every 3 Months	Assess progress / Negotiate goals
Medical Nutrition/Weight Management	Every 3 Months	Assess progress / Negotiate goals Refer to dietitian
Physical Activity/Exercise Levels	Annual/Ongoing Assess	Prescribe based on patient's health status
Counseling		
Tobacco Use	Annual/Ongoing	Assess readiness / Counsel cessation / Refer
Alcohol/Substance Abuse	Ongoing	Utilize CAGE questionnaire / Counsel / Refer
Foot/Skin Care	Every 3 Months	Educate on daily care and inspection
Psychosocial Status	Annual/Ongoing	Suggest diabetes support group / Counsel / Refer
Sexuality/Impotence	Annual/Ongoing	Discuss diagnostic evaluation and therapeutic options
Preconception	Initial/Ongoing	Need for tight glucose control 3-6 mo preconception
Pregnancy	Initial/Ongoing	Early referral to OB/GYN

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Cardiovascular Disease and Diabetes

Diabetes is a cardiovascular disease. The incidence of atherosclerosis, including coronary, cerebrovascular and peripheral vascular disease, is 2-4 fold greater in adults with diabetes. Atherosclerosis begins at a younger age in people with diabetes and occurs equally in men and women with diabetes and may pre-date the diagnosis of diabetes. **Atherosclerosis accounts for 80% of the mortality in adults with diabetes.**

All cardiac risk factors should be evaluated and aggressively treated in patients with diabetes:

Risk Factor	Goal	Comment
Hypertension	BP ≤ 130/80	The result of the United Kingdom Prospective Diabetes. Study (UKPDS) regarding blood pressure highlights the importance of blood pressure control in reducing diabetes related mortality, cardiovascular events and microvascular complications. Guidelines recommend adjusting the treatment regimen to achieve a BP ≤ 130/80.
Dyslipidemia	LDL ≤ 100 mg/dL (≤ 70 mg/dL per NCEP)	Treat dyslipidemia aggressively to reduce the risk of coronary heart disease in patients with diabetes. Therapy to reduce LDL levels should be the first priority. Weight loss, exercise, niacin and smoking cessation may be useful to raise HDL.
Cigarette Smoking	Avoidance Cessation	Healthcare providers should advise all patients with diabetes not to initiate tobacco use and should advise those who smoke to quit.
Hyperglycemia	A1c < 7%*	Diabetes is a cardiovascular disease. Heart disease is the #1 killer of people with diabetes.
Obesity : BMI > 30, Overweight > 27	BMI < 27 < 120% desirable weight	People with diabetes derive an even greater benefit from a healthy diet and exercise than those without diabetes.
Sedentary Lifestyle	Increased activity	30 minutes of exercise per day is recommended.
Microalbuminuria	None or delayed Progression**	This is an important marker for high risk of accelerated coronary artery disease.

*The A1c goal for patients, in general, is <7%. The A1c goal for the individual patient is an A1c as close to normal (<6%) as possible without significant hypoglycemia. The NCEP goal is <6.5%.

** The effectiveness of treating microalbuminuria on reducing the risk of cardiovascular disease has not been proven, yet remains an area of active investigation.

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