

GUIDELINES FOR ADULT DIABETES CARE

GUIDELINE	FREQUENCY	GOAL/COMMENTS
HISTORY & PHYSICAL		
Diabetes Focused Visit	Every 3-6 months	More often if needed
Blood Pressure & Weight (BMI)	Every visit	Goal BP <130/80 ¹ , BMI (25-29.9 overweight; ≥ 30 obese)
Retinal Screening	Annually ²	By ophthalmologist, optometrist, or retinal photograph (read by trained, experienced clinician)
Inspect Feet	Every visit	Without socks and shoes; if abnormal, consider referral to foot care specialist
Comprehensive Lower Extremity Exam	Annually	Vascular, musculoskeletal, neurological exam (w/monofilament)
Oral Health Assessment	Every 6 to 12 months	Refer to dentist or dental hygienist
LABS		
A1c	Quarterly if not meeting treatment goals otherwise at least every 6 months	General Goal <7% A lower goal may be beneficial if no significant risk of hypoglycemia; and if appropriate for patient age, life expectancy, and co-morbidities.
Fasting Lipid Profile	Annually	Goal: LDL <100 mg/dl Optional goal: LDL < 70 in patients with CVD HDL >40 mg/dl for men >50 mg/dl for women Triglycerides <150 mg/dl
Urine Microalbumin	Annually ³ - regardless of therapy	If >30mg/gm creatinine or >30 mg/24hrs initiate ACE-I (ARB if ACE-I intolerant)
Serum Creatinine	Annually	Use to estimate GFR Consider referral to nephrologist if GFR <60
MEDICATIONS/IMMUNIZATIONS (for appropriate patients)		
Aspirin	Initially/Ongoing	In all patients >40 yo or with CVD. May use low dose 81mg/day
ACE Inhibitor (ARB if ACE-I intolerant)	Initially/Ongoing	Individuals with hypertension, microalbuminuria or CVD
Statin	Initially/Ongoing	Use if not at lipid goal. In all patients >40, consider statin irrespective of LDL if baseline total cholesterol ≥135
Influenza Vaccination	Annually	Per CDC recommendations
Pneumococcal Vaccination	At least once	Once; Revaccinate if ≥65 years old, AND first shot at <65 years AND first shot ≥5 years ago
THERAPEUTIC LIFESTYLE CHANGES		
Set Self-management Goals With Patient	Every focused visit	Review and revise as needed
Assess Need for Diabetes Education	Every focused visit	Refer for DM education yearly or prn
Assess Nutrition Status	Every focused visit	Refer for medical nutrition therapy if indicated. Monitor total grams of carbohydrates and limit saturated fat intake.
Assess Exercise Status	Every focused visit	Increase physical activity based on needs/condition
Assess Smoking Status	Initially/Ongoing	Ask, advise, refer to Quitline (1-800-639-QUIT)
Preconception Counseling	Initially/Ongoing	Counsel on contraception and preconception glucose control. Review medication contraindications during pregnancy
Depression Screening	Initially/Ongoing	Treatment and referral as needed

¹ ACE inhibitors should be considered in most hypertensive patients (if no contraindication).

² For type 1 do initial comprehensive eye exam 3- 5 years after diagnosis. For type 2 do shortly after diagnosis. Then follow up annually or as directed by eye care provider.

³ For type 1 begin 5 years after diagnosis and type 2 at diagnosis. If microalbuminuria <30 mg/gm creatinine, screen annually; if 30-300 mg/gm, verify with 2 repeat tests within 3 to 6 months; if >300 mg/gm, evaluate for gross proteinuria.