BASIC GUIDELINES FOR DIABETES CARE

1. PHYSICAL AND EMOTIONAL ASSESSMENT

A. Blood Pressure, Weight

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

B. Foot Exam for Adults

Every "DIABETES Visit": thorough visual inspection.
Annually: pedal pulses, neurological exam.

C. Dilated Eye Exams (by a trained expert)

Type 1: Five (5) years post diagnosis, then every year.
Type 2: Shortly after diagnosis, then every year. Note: Internal quality assurance data may be used to support less frequent testing.

D. Depression

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

2. SELF-MANAGEMENT TRAINING

A. Management Principles and Complications

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.

GUIDELINES FOR DIABETES CARE (continued)

B. Self Glucose Monitoring

Type 1: typically test four (4) times a day.
Type 2 (and others): as needed to meet treatment goals.

C. 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.

D. Physical Activity

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

E. Weight Management

Initially, and in follow-up Visits: must be individualized for patient.

3. LAB EXAM

A. HbA1c

Quarterly, if treatment changes or if not meeting goals;
One (1) to Two (2) times/year if stable.
Target Goal: <7.0% or <1% above lab norms.
Children: modify if necessary to prevent significant hypoglycemia.

B. Microalbuminuria (Albumin/Creatinine Ratio) Unless Proteinunria has been Documented.

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

GUIDELINES FOR DIABETES CARE (continued)

C. Blood Lipids (for Adults)

Initially, then Annually.
Target Goals:
Cholesterol, triglycerides <200 mg/dL;
LDL <100; HDL >45 for men;
HDL >55 for women;
non-HDL cholesterol <130.

4. INTERVENTIONS

A. Aspirin Therapy

(81-325 mg/day) in adults as primary and secondary prevention of CHD, unless contraindicated.

B. Smoking Cessation

Screen, advise, and assist at every diabetes care visit, adjusting the frequency as appropriate to the patient's response.

C. Vaccinations

Influenza and Pneumococcal, per CDC recommendations.

D. Dental Exams

At least twice yearly.

E. Preconception Counseling and Management

Consult with high risk perinatal programs where available (e.g., "Sweet Success" California Diabetes and Pregnancy Program).
Adolescents: counseling advisable, beginning with puberty.

GUIDELINES FOR DIABETES CARE (continued)

F. Pregnancy Management

Consult with high risk perinatal programs where available.