

Diabetes Mellitus Physician Standing Orders

Diabetes Care will be given in compliance with ADA standards. These standing orders are approved by the providers of **Northeast Valley Health Corporation** for care of adult patients with diabetes. Case Managers, LVN's or RN's who have been appropriately trained with documented competencies may initiate these orders. These orders can be followed on a non-diabetic focused visit .

1. **Standing lab order** (If patient has medical complaints – speak with RN before ordering lab work):
HbA_{1c}: if the most current HbA_{1c} is more than 6 months old, draw an HbA_{1c} this visit.
 - a. Lipid panel: if the most recent lipid panel is more than 12 months old, schedule the patient to return within 30 days for a fasting lipid panel, test # 6350.
 - b. Microalbumin: If most recent urine microalbumin or albumin/creatinine ratio is more than 12 months old, obtain a spot urine, test # 1632.
2. **Foot Exam**: notify provider through note on Case Management Care Plan if exam has not been done within last 12 months.
3. **Referrals**:
 - a. Case Manager: all new diabetics and established patients with HbA_{1c}'s over 7.
 - b. Registered Dietitian:
 - 1) With HbA_{1c} \geq 9, or
 - 2) Obesity (BMI \geq 35) or
 - 3) Additional conditions such as HIV, Hypercholesterolemia or Coronary Vascular Disease.
 - c. Social Services: refer if indicated by patient needs, history of domestic violence or if patient scores as follows on the PHQ-9 depression screen:
 - 1) Mild = score of 5-9 points: patient requests a referral or at the physician's discretion,
 - 2) Moderate = score of 10 –14 points: refer,
 - 3) Severe = 15+ points: immediate notification of MD provider and referral to Social Services,
 - d. Dental: Refer patients that have not had a dental exam in 6 months.
 - e. Retinal exam: If the patient has not had a retinal exam within the last 12 months,
 - 1) Request nursing to perform a Snellen.
 - 2) Refer the patient for a retinopathy screening; include the results of the Snellen with the referral.
 - 3) Leave referral form with physician for review and signature.
 - f. Vaccines: Refer to nursing for:
 - 1) Pneumococcal vaccine once and repeat at age 65 if it has been more than 5 years since last vaccine.
 - 2) Influenza annually during flu season, i.e. September through February,
 - 3) PPD, if most recent PPD is more than 5 years unless, patient has history of a positive PPD.
 - 4) Tetanus: if it has not been done in 10 years.
 - g. Education: refer new and or established patients interested in attending classes to: Diabetes mellitus, cardio vascular disease, and if appropriate, weight management and/or smoking cessation classes.
4. **Patient Recall**:
 - a. Patients with diabetes who are identified as not having had a provider visit for more than 6 months will be sent a postcard requesting them to make an appointment for a provider visit.
 - b. Patients with diabetes will be encouraged to make at least 2 diabetes-focused maintenance visits during each calendar year. However, patients with diabetes presenting for visits for other reasons may have overdue lab work done at these visits.

 Provider signature (NP/PA must include supervising physician's name)

 Date

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Northeast Valley Health Corporation

Patient I.D. (Affix Label)

Name:

M/R:

DOB

Phone:

Date: