

MCI PRACTICE GUIDELINE

DIABETES

1. The Diabetes Control and Complications Trial (DCCT, Type 1 DM) and United Kingdom Prospective Diabetes Study (UKPDS, Type 2 DM) demonstrated that tight glycemic control resulted in decreases in microvascular (and probably macrovascular) complications. MCI recommends glycemic control documented with a **HgA1C less than 7.0**. For HgA1c greater than 7.0 additional action is suggested, i.e. change in therapy, review of diabetes education, referral to a diabetologist, etc.
2. **Self-monitoring blood glucose** is recommended for most patients and helps reinforce good control and habits.
3. It is the consensus of Diabetologists that aggressive control of risk factors in addition to glycemic control will result in better outcomes for diabetic patients. MCI recommends that all physicians follow and treat all the parameters as recommended in the **ADA guidelines** for treatment of diabetes (theses are listed in the MCI Diabetes Flowsheet). The use of a **flowsheet** should be considered for all patients with diabetes. Physicians should consider referral when parameters can not be kept within ADA guidelines, especially with Type 1 diabetics who do best with an integrated team approach.
4. Comprehensive **Diabetes Education** should be offered at the time of diagnosis and as needed thereafter. It should include general diabetes pathophysiology and the rationale for glycemic control, nutrition and weight control, drugs used in the treatment of diabetes, foot and eye care, hypoglycemia / sick day management, lipid and BP control, and tobacco cessation. These should be reinforced as needed at routine office visits and/or classes through the Mercy Diabetes Institute (247-3838).
5. **Screening** for diabetes with FBG should be every 3 years beginning at age 45. Testing should be considered at an earlier age or more frequently if diabetes risk factors are present. GTT can be used for screening. A normal HgA1c does not rule out diabetes, therefore, it should not be used for routine screening.
6. The **diagnosis** of diabetes is made by:
 - FBG > 126 times two
 - 2 hr. post 75g GTT > 200
 - Random Glucose > 200 and symptoms of diabetes.
7. Patients with diabetes should be seen for **office visits** at least every 6 months and preferably every 3 months.

Reference: American Diabetes association: Clinical Practice Recommendations 2001.

Variation from this guideline is always acceptable if in the opinion of the attending physician individual circumstances require it.

Diabetes Patient Summary

PATIENT	PROVIDER
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MR#:	Clinic:	Primary Care Provider:
Name:	Mercy Campus Med Clinic	
DOB: 02/13/1924	Test.Clinic	
Gender: Unknown		
Payer:		

Blood Pressure		Weight	
Date	Result(s)	Date	Result(s)
07/27/2004	140/56	07/27/2004	189 Lbs
02/17/2004	140/70	02/17/2004	191
12/16/2003	136/60		
02/18/2003	128/64		

Hemoglobin A1c		Cholesterol		HDL	
Date	Result(s)	Date	Result(s)	Date	Result(s)
07/27/2004	6.7	07/27/2004	140.0	07/27/2004	49.0
02/17/2004	6.8	02/17/2004	151.0	02/17/2004	45.0
12/17/2003	7.4	10/24/2002	163.0	10/24/2002	49.0
09/02/2003	7.2				
03/13/2003	8.3				
10/24/2002	8.3				
04/29/2002	8.0				

LDL		Triglycerides		Urine Protein	
Date	Result(s)	Date	Result(s)	Date	Result(s)
07/27/2004	60.0	07/27/2004	155.0		
02/17/2004	66.0	02/17/2004	198.0		
10/24/2002	66.0	10/24/2002	239.0		

Microalbumin		Creatinine		Foot Inspection	
Date	Result(s)	Date	Result(s)	Date	Type
04/27/2004	10 mg/L	02/23/2004	0.8	07/27/2004	Comprehensive Exam
02/17/2004	20			02/17/2004	Comprehensive Exam
10/24/2002	20 mcg/mg cr			02/18/2003	Comprehensive Exam

Dilated Eye Exam		Flu Vaccine		Pneumococcal Vaccine	
Date	Referred	Date	Status	Date	Status
03/16/2004				10/28/2003	Obtained
03/01/2003	No				

Mammography		Self-Monitoring Blood Glucose		Tobacco Counseling		
Date	Referred	Date	Status	Date	Status	Counseling
				10/24/2002	Non-Smoker	

Aspirin Therapy		Diabetes Education		Dietary Instruction	
Date	Result(s)	Date		Date	

SECAT Flowsheet

DIABETES Laboratory Standing Orders

TEST	INTERVAL	CONDITIONS
HgA1C	4 months	All patients
Lipid Profile	1 year	Patients with no Dx of hyperlipidemia
	4 months	Patients with a Dx of hyperlipidemia
ALT (SGPT)	4 months	If on high risk medication (Statins, Actos, Avandia)
Creatinine	1 year	Patients with no Dx of Hypertension
Basic Metabolic Profile	1 year	Patients with a Dx of Hypertension
Glucose	4 months	Do not order if a BMP is being done
Urine Alb/Creat. ratio	1 year	Patients with no Hx of Abn UACR
	4 months	If UACR was ever > 30

Complete these labs on all my patients with diabetes whenever the Standing Orders are due.

 Signature

 Date

Diabetes
 standing
 lab orders

MCI DIABETES CHRONIC CARE VISIT

Vitals: T: BP: P: Wt: Smoker: Y / N
CC: DIABETES F/U CARE *required*

HPI: Problems Addressed *level 3: one Prob.
level 4: three Probs.*

- DIABETES:
- BP:
- LIPIDS:
- OTHER: (CAD, Nephropathy, Neuropathy, PVD)

ADA Standards of Care:

	Up to Date	Due
HgA1C:	<input type="checkbox"/>	<input type="checkbox"/>
Lipids:	<input type="checkbox"/>	<input type="checkbox"/>
ALT:	<input type="checkbox"/>	<input type="checkbox"/>
BMP (Creat):	<input type="checkbox"/>	<input type="checkbox"/>
UACR:	<input type="checkbox"/>	<input type="checkbox"/>
Eye exam:	<input type="checkbox"/>	<input type="checkbox"/>
Glucose:	<input type="checkbox"/>	<input type="checkbox"/>

Other Orders needed:

Meds Reviewed *required*
 Care Coordinator sig. _____

Review of Systems:

CHECK IF SYSTEM QUERIED *level 3: one system*
 CIRCLE ABNORMALS *level 4: two systems*
 ADD ITEMS AS NEEDED

Constitutional: fever, wt. loss, fatigue

- EYES:** change in vision
- ENT:** nose congestion, sore throat
- CV:** chest pain, palpitations
- RESP:** cough, SOB
- GI:** N / V / D / C, heartburn
- GU:** dysuria, ED, frequency
- NEURO:** foot numbness
- ENDOCRINE:** hypoglycemia
- Ortho:** muscle aches
- Psych:** depression
- Other:**

Physical Exam

CONSTITUTIONAL: *level 2: one bullet
level 3: six bullets
level 4: twelve bullets*
 Appears in stable health, NAD vitals x 3 noted

EENT:
 Conjunctiva & lids nl, fundi benign CHECK
 Throat clear, Thyroid not palpable BOX
 IF

LUNGS:
 nl. resp. effort, no rales, rhonchi or wheezes BULLET
 EXAMINED

HEART:
 reg. rhythm, no murmur, carotids 2+/2+, no bruits

ABD:
 soft, not tender, liver at costal margin

FEET:
 skin intact digits & nails nl. CIRCLE
 pedal pulses 2+/2+ (p. tibial, d. pedis) ITEM IF
 no pedal edema NOT
 sensation intact to filament NORMAL
 AND
 EXPLAIN

PSYCH:
 nl. judgement & insight
 mood happy (sad / anxious / neutral)

OTHER:

Assessment: Controlled - Not controlled
 Diabetes: *level 2: Controlled diabetes*
 Hypertension: *level 3: Uncontrolled diabetes*
 Hyperlipidemia: *or two problems*

Co-Morbidities: *level 4: Three problems*
 Nephropathy CAD
 Retinopathy High risk med:
 Neuropathy Other:

Plan:

SELF MANAGEMENT GOAL: _____

DIABETES EDUCATION:
 Diet Home glucose monitoring Kidney disease
 HgA1c ADA standards of care Exercise
 Eye Care Hypertension, CV disease Aspirin
 Foot care Hyperlipidemia Hypoglycemia
 Insulin Medication compliance Other

- Order labs and referrals 'due' as in the History
- Continue meds unchanged
- F/U visit in 3-4 months or _____

Provider Sig. _____
 Note dictated

Diabetes Office Visit Form

Hypertension Process Map

