Central Ohio Medical Directors Coalition

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# Diabetes Mellitus Care Flow Sheet

**Patient's Name:** ______________________________ **Medical Record #:** ______________________________

**Date of Birth:** ____________________ **Type 1** ☐ **Type 2** ☐ **Date of Dx:**____________________

| Indicator/Target | Frequency | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Weight (<120% of ideal), BMI (<25 $kg/m^2$), or waist (<102 cm men, <88 cm women) | Q Visit | | | | | | |
| BP (<130/80 mmHg ) | Q Visit | | | | | | |
| Alb:Creat Spot Collection (<30 ug/mg) | Annual | | | | | | |
| Serum Creatinine | Annual | | | | | | |
| HTN/Albuminuria Meds (Name/Dose) | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| Self-Monitored Blood Glucose (80-120 mg/dl ) | Q Visit | | | | | | |
| A1C (<7% ) | 2-4/year | | | | | | |
| Diabetes Mellitus Meds (Name/Dose) | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| Comprehensive Foot Exam (Sensory/Vascular) | Annual | | | | | | |
| Skin/Nails/Feet | Q Visit | | | | | | |
| LDL (<100 mg/dl ) | Annual | | | | | | |
| HDL (Men >45 mg/dl) (Women >55 mg/dl) | Annual | | | | | | |
| Triglycerides (<150 mg/dl) | Annual | | | | | | |
| Total Cholesterol (<200 mg/dl) | | | | | | | |
| | | | | | | | |
| Lipid-Lowering Meds (Name/Dose) | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| Dilated Eye Exam (Neg for retinopathy) | Annual | | | | | | |
| Teeth/Soft Tissue (No caries/breakdown) | Annual | | | | | | |
| Immunizations: Pneumovax | Once/Lifetime* | | | | | | |
| Tetanus and Diptheria | Booster Q10 yrs | | | | | | |
| Influenza | Annual | | | | | | |
| **Education – Self Management** | **Frequency** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |
| Self-Monitoring Blood Glucose | TID/QID/PRN | | | | | | |
| Management of Other Acute Illness | | | | | | | |
| Foot Care | Ongoing | | | | | | |
| Meds/Diet/Exercise/Appointments | Ongoing | | | | | | |
| Cardiovascular Risk Reduction | Ongoing | | | | | | |
| Alcohol/Tobacco Use | PRN | | | | | | |
| Lifestyle, Pregnancy, Sexual Function & Quality of Life Issues | Ongoing | | | | | | |

*One-time revaccination for >64 years old, nephrotic syndrome, chronic renal disease and other immuno-compromised states if vaccinated >5 years ago

# Guidelines for the Management of Ambulatory Adult Diabetes Mellitus

## Central Ohio Medical Directors Coalition

| Population | Role | Recommendation and Targets | Frequency |
|---|---|---|---|
| Adult, non-pregnant patients with type 1 or type 2 diabetes mellitus | Physician role: Assessments, tests, exams and care | • A1C (<7%) | 2/year if meeting targets. 4/year if therapy changed or unmet targets. |
| | | • Blood pressure control. Prescribe ACE, ARB, B-blocker or diuretic (<130/80 mmHg)<br>• Weight (<120% ideal weight), BMI (<25 $kg/m^2$), or waist circumference (<102 cm men, <88 cm women)<br>• Skin, nails, foot (no pressure signs/breakdown)<br>• Smoking cessation counseling or referral if needed | Every visit |
| | | • C/V risk assessment (family Hx CHD, atherosclerosis or other related items listed on this guideline)<br>• Lipid testing. Lifestyle modification or drug Rx if targets unmet:<br>∗ LDL (<100 mg/dl)<br>∗ HDL (>45 mg/dl men, >55 mg/dl wome<br>∗ Triglycerides (<150 mg/dl)<br>∗ Total Cholesterol (<200 mg/dl)<br>• Comprehensive foot exam (sensory/vascular)[1]<br>• Dilated eye exam by ophthalmologist or optometrist (negative for retinopathy)<br>• Kidney function testing, e.g., albumin to creatinine spot collection: (<30 ug/mg)<br>• Teeth & oral soft tissue (no caries/breakdown) | At least annual |
| | | • Immunizations:<br>1) Influenza<br>2) Pneumovax<br>3) Tetanus and Diphtheria | <br>1) Annual<br>2) Once/lifetime[2]<br>3) Booster Q 10 years |
| | Patient role: Self monitoring | Education referral, counseling, risk factor modification, and guided self-management[3]:<br>• Health care goals: Basic diabetes mellitus knowledge and able to recognize dangerous complications<br>• Adherence to self-monitoring of blood glucose, diet, foot care, exercise, medications & appointments<br>• Quit smoking, if applicable | Every visit |

1) Use monofilament, tuning fork, palpation and visual exam
2) One-time revaccination for >64 yrs. old, nephrotic syndrome, chronic renal disease and other immuno-compromised states if vaccinated >5 years ago.
3) Check self monitoring log book, diet, exercise, medication compliance

<u>Consider referrals to specialist if unable to achieve desired goals of treatment</u>:

- Endocrinologist: Unable to reach glycemic control, hypoglycemic seizure or episode requiring emergency intervention (glucagon, 911, ER) twice in 6 months, frequent hypoglycemia
- Foot care specialist (e.g. Podiatrist, Vascular Surgeon): History of ulcer/foot lesion/amputation, recurrent lower extremity cellulitis, caregiver unable to provide foot care, Impaired healing of lower extremity
- Ophthalmology: Any acute vision change
- Nephrology: For deterioration in renal function

<u>Source:</u>


- ADA, Standards Of Medical Care For Patients With Diabetes Mellitus, Diabetes Care 25:S33-S49, 2002
- AMA, JCAHO, NCQA Release, Coordinated Performance Measurement for the Management of Adult Diabetes, 4/25/01
- Detailed background/references available upon request.


*The guidelines represent care for typical diabetic patients and do not replace professional judgment nor should they be construed as treatment protocols. Individual considerations, medical advances and benefit coverage may supercede these recommendations.*

Guidelines revised with permission from the Ohio Quality Improvement Consortium (OQIC) January 2003.