

# QUICK REFERENCE GUIDE TO DIABETES FOR HEALTH CARE PROVIDERS

A special project of the Michigan Diabetes Outreach Network

## Chapter 2 Diabetes Standards of Care: Prevention of Complications

### To Do At Every Visit:

- Check blood pressure (adult target <130/80).
- Measure weight.
- Review self-monitored blood glucose (SMBG) value and assess client's ability to use data for pattern management.
- Review/adjust medications.
- Look for symptoms associated with diabetes-related complications.
- Assess physical activity, lifestyle changes and self-management skills.
- Consider referral for medical nutrition therapy, diabetes self-management education, psychosocial assessment or other specialist as needed.
- Counsel on smoking cessation, if indicated.
- Recommend regular use of low dose aspirin therapy for the prevention of cardiovascular disease (CVD), unless contraindicated.
- Visually inspect feet. (*The practice of foot exams at every office visit has been shown to reduce the rate of amputations by 50%*).

### Twice a year:

- A1C (quarterly if client is not meeting goals or there is a change in therapy).
- Refer for a dental exam every 6 months

### Annually:

- Lipid profile (every 2 years if normal).<sup>1</sup>
- Serum creatinine and calculated glomerular filtration rate (GFR) in adults<sup>2</sup>; urinalysis for protein, ketones, sediment and if negative for protein microalbumin<sup>3</sup>
- Refer for dilated eye exam by ophthalmologist or specially trained optometrist<sup>4</sup> (if normal, an eye exam may be advised every 2-3 years).
- Comprehensive foot exam, including monofilament testing.
- Influenza vaccination.

1 For children with type 1 over age 12: at diagnosis, once blood glucose is under control. If normal, then every 5 years until age 18 (then annually). Children with type 2: at diagnosis when blood glucose is under control. If normal, repeat every 2 years.

2 Check creatinine in children if proteinuria is present

3 For type 1: only after they have had diabetes for at least 5 years.

4 For type 1: within 5 years of onset of diabetes, then annually

**Lifetime:**

- Pneumococcal vaccination (usually only once in a lifetime, may be repeated if over 65 or immunocompromised and last vaccination was more than 5 years ago).

**Diabetes Self-Management Education for Persons with Diabetes**

- Client and family education, following the National Standards for Diabetes Self-Management Education.
- Individualized nutrition plan and instructions, ideally with a registered dietitian.
- Self-monitoring instructions and guidelines.
- Medication review (including prescription, non-prescription and herbal).
- Recommendations for lifestyle changes (meal planning, physical activity, smoking cessation).
- Establishment of short and long term goals.
- Podiatry consultation, or specialized services, if needed.
- Dental hygiene.
- Referral for dilated eye exam.
- Women of childbearing age-discussion of need for optimal blood glucose control prior to conception and family planning.
- Agreement on continuing support, follow-up, and return appointments.
- Instructions on when to contact the health care team.

**References:**

American Diabetes Association (2008). Clinical Practice Recommendations. *Diabetes Care*, Vol 31 (1).

The National Diabetes Education Program Publication No. NDEP-12.