



Clinical Practice Guideline: Diabetes Mellitus

DIABETES MELLITUS

Diabetes is a chronic illness that requires continuing medical care and ongoing patient self-management education and support to prevent acute complications and to reduce the risk of long-term complications. Diabetes care is complex and requires that many issues — beyond glycemic control — be addressed. A large body of evidence exists that supports a range of interventions to improve diabetes outcomes.

Please use the following resources and references for the classification and management of diabetes.

RESOURCES AND REFERENCES

[Standards of Medical Care in Diabetes—2013](#)

**Standards of Medical Care in Diabetes—2013
American Diabetes Association**



Flow Sheet for Diabetes

Name:		Birthdate:				
Allergies:		Phone number:				
Examination / Test	Schedule	Date of Onset				
Laboratory						
<ul style="list-style-type: none"> • HgA1c < 7.0 percent acceptable • HgA1c <8 percent, if frail, life expectancy <5 years, high risk of hypoglycemia, polypharmacy or drug interaction • Children (birth to age 6) <8.5 percent but >7.5 percent • Children (age 7 to 12) <8 percent • Adolescents (age 13 to 19) <7.5 percent 	Every 3 to 6 months	Date				
<ul style="list-style-type: none"> • Fasting lipid profile: HDL: >40 mg/dL in males and >50 mg/dL in females • LDL: <100 mg/dL Triglycerides: <150 mg/dL Children LDL: <100 mg/dl • Liver function Serum creatinine Calculated GFR Celiac disease TSH in Type 1 	Annual Every five years if within the accepted levels; if abnormal, annually Annual Annual Annual If indicated Every 1 to 2 years	Result				
<ul style="list-style-type: none"> • Urine microalbumin-random spot urine for microalbumin: 30ug/mg creatinine • Children 	Annual First at age 10 or with diabetes for five years: annual					
History and Physical Examination						
<ul style="list-style-type: none"> • Interval history with depression screening 	Annual	Date				
<ul style="list-style-type: none"> • Diabetic retinal eye exam 	Annual – less frequent exam (2 to 3 years) may be considered with the advice of an eye professional for normal eye exam	Comment				
<ul style="list-style-type: none"> • Children age 10 with diabetes 3 to 5 years 	Annual					

All member care and related decisions are the sole responsibility of the provider. This information does not dictate nor control your clinical decisions regarding the appropriate care of members. Guidelines are subject to state regulations and benefits.



Name:		Birthdate:				
Allergies:		Phone number:				
Examination / Test	Schedule	Date of Onset				
<ul style="list-style-type: none"> Foot exam 	Each visit visual, annual comprehensive foot exam	Date				
<ul style="list-style-type: none"> BP <130/80 mmHG Children with BP consistently above the 90th percentile for age, sex and height 	Each visit As indicated by a health care professional	Comment				
<ul style="list-style-type: none"> Weight/BMI/Height Overweight = BMI 25 – 29.9 Obesity = BMI ≥30 Children by BMI percentile age, height and weight 	Each visit Each visit					
Patient Education and Therapy	Initial and at clinician's discretion					
<ul style="list-style-type: none"> Smoking cessation Moderate intensity physical activity Nutrition therapy Medication adherence Self-monitored blood glucose Preconception and pregnancy counseling ACE inhibitors/ARB/statin therapy Aspirin Weight loss Psychosocial counseling 		Date				
		Comment				
Immunizations	Annual	Date of Onset				
<ul style="list-style-type: none"> Influenza vaccine 		Date				
<input type="checkbox"/> Pneumococcal polysaccharide vaccine to all diabetic patients ≥2 years of age. A one-time revaccination is recommended for individuals >64 years of age previously immunized when they were <65 years of age if the vaccine was administered >5 years ago. Other indications for repeat vaccination include nephritic syndrome, chronic renal disease and other immunocompromised states, such as after transplantation.		Comment				



All member care and related decisions are the sole responsibility of the provider. This information does not dictate nor control your clinical decisions regarding the appropriate care of members. Guidelines are subject to state regulations and benefits.

Name:		Birthdate:				
Allergies:		Phone number:				
Examination / Test	Schedule	Date of Onset				
OTHER		Date				
		Comment				

Table 16 – Plasma blood glucose and A1C goals for Type 1 diabetes by age group

Values by Age (years)	Plasma Blood Glucose Goal Range (mg/dl)		A1C (%)	Rationale
	Before Meals	Bedtime and Overnight		
Toddlers and Preschoolers (0 – 6)	100 – 180	110 – 200	< 8.5 percent	<ul style="list-style-type: none"> - Vulnerability to hypoglycemia - Insulin insensitivity - Unpredictability in dietary intake and physical activity - A lower goal (<8.0%) is reasonable if it can be achieved without excessive hypoglycemia
School Age (6 – 12)	90 – 180	100 – 180	<8 percent	<ul style="list-style-type: none"> - Vulnerability to hypoglycemia - A lower goal (<7.5%) is reasonable if it can be achieved without excessive hypoglycemia
Adolescents and Young Adults (13 – 19)	90 – 130	90 – 150	<7.5 percent	A lower goal (<7.0%) is reasonable if it can be achieved without excessive hypoglycemia
Key concepts in setting glycemic goals: <ul style="list-style-type: none"> - Goals should be individualized and lower goals may be reasonable based on benefit risk assessment - Blood glucose goals should be modified in children with frequent hypoglycemia or hypoglycemia unawareness - Postprandial blood glucose values should be measured when there is a discrepancy between preprandial blood glucose values and A1C levels and to help assess glycemia in those on basal/bolus regimens. 				

Source: Excerpted from American Diabetes Association. Clinical Practice Recommendations 2011. Standards of Medical Care in Diabetes – 2011. Vol. 33 S39 Table 16

Recommendations for Preventive Pediatric Health Care, Bright Futures and American Academy of Pediatrics 2008 Periodicity [Schedule. practice.aap.org/content.aspx?aid=1599](http://www.pediatrics.aapublications.com/content.aspx?aid=1599)

Modified with permission from The American Diabetes Association.

All member care and related decisions are the sole responsibility of the provider. This information does not dictate nor control your clinical decisions regarding the appropriate care of members. Guidelines are subject to state regulations and benefits.