

CONTRA COSTA HEALTH SERVICES
 CONTRA COSTA REGIONAL MEDICAL CENTER
 CONTRA COSTA HEALTH CENTERS

DIABETES MELLITUS FLOW SHEET FOR ADULTS
 THIS FORM IS INTENDED AS A GUIDELINE AND IS NOT MANDATORY.

DRAFT #4

Primary Provider _____

KEEP YOUR **EYE** ON THE **ABC'S**

DATE (month/year)								
KIDNEY	Proteinuria? <input type="checkbox"/> No: Check annual microalbumin <input type="checkbox"/> Yes: Start ACE/ARB							
Microalbumin, annual								
Creatinine								
Other:								
EYE Type 1 > 5 yr after dx. Type 2 at diagnosis								
A1C GOAL < 7.0%								
Fasting Plasma Glucose								
BLOOD PRESSURE GOAL < 130/80 mm Hg								
CHOLESTEROL Total								
Triglyceride								
HDL GOAL > 40 mg/dL								
LDL GOAL < 100 mg/dL								
ALT								
SMOKER <input type="checkbox"/> No <input type="checkbox"/> Yes: Refer each visit								
Medication Change A B C S ACE ARB* <input type="checkbox"/> See note or med list								
Aspirin therapy: 81 mg/day pts >40; pts <40 with CAD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:					ECG (optional) Baseline:	
DM Patient Ed. / Dietician								
Depression / Exercise								
Annual Foot Exam ^{10 gm mono-filament}								
Vaccines Annual Flu: Pneumovax: _____								
Other								
Other								

**2004 CLINICAL GUIDELINE SUMMARY FOR
ADULTS WITH TYPE 1 OR TYPE 2 DIABETES**

DIAGNOSIS: FBS \geq 126 mg/dL on two occasions; **OR** RBS \geq 200 mg/dL + symptoms of DM.

Keep your **EYE** on the **ABC'S**

Kidney _____ **Renal Disease:** Order random urine for microalbumin yearly, unless patient known to have persistent proteinuria. If positive 2 of 3 times over 3 to 6 months the microalbumin > 30, treat with ACE/ARB, aggressively control BP and A1c.

EYE _____ **Diabetic EYE Disease and Blindness**
Type 1: Dilated eye examination 5 years after initial diagnosis, then yearly.
Type 2: Dilated eye examination yearly

A1c _____ **Optimize A1c** when not contraindicated. Goal < 7.0%. Check A1c at least twice a year.

Blood Pressure _____ **Blood Pressure Control**
Measure BP at each visit. Goal < 130/80. If above goal, consider treatment with:
Type 1: ACE/ARB
Type 2: With proteinuria: ACE/ARB
Type 2: Without proteinuria: Thiazide or beta blocker or ACE/ARB

Cholesterol _____ **Cholesterol:** Measure yearly. Intervention: If LDL > 100 mg/dL or HDL < 40 mg/dL, treat with nutritional therapy, exercise, followed by pharmacotherapy if indicated.

Smoking _____ **Smoking Cessation Counseling:** Offer on a regular basis to all who smoke.

YEARLY AND PERIODIC SCREENING

- Influenza** Influenza vaccine every year.
- Pneumococcal** Pneumococcal vaccine once. May give 2nd pneumococcal vaccine after age 65 if 1st given before age 65 and more than five years earlier.
- ASA** Daily prophylactic ASA 81 mg if age 40 or over.
- Depression** Screen for depression on initial evaluation (higher incidence in DM affects compliance) and offer treatment.
- Education** Formal diabetes education promotes control of blood sugar. Refer on initial evaluation and as needed.
- Exercise** Direct inquiry about regular physical exercise, initial evaluation and as indicated.
- Pregnancy** Preconception counseling offered to all diabetic women of childbearing age.
- Foot Exam** Prevention of foot injury and lower extremity amputation. Yearly foot exam with 10 gram monofilament for loss of protective sensation. If loss of protective sensation present, do foot exam at all regular visits. Teach patient about self care.

+ = can feel the 10 gram monofilament
- = cannot feel the 10 gram monofilament

