



iDo Adult Diabetes Practice Guide

Every visit		
Take interval history	• Review glucose testing log, hypoglycemic episodes, and tobacco use	
Measure blood pressure	• BP goal is <130/80 mmHg	
Obtain weight	• Weigh and calculate BMI. Consider measuring waist circumference	
Perform interval foot exam	• Inspect skin for signs of pressure areas and breakdown	
Advise, review, adjust and/or administer medications	• Glucose lowering medications • HTN therapy includes ACEI/ARB; diuretic type based on GFR* • ACEI/ARB for nephropathy	• Lipid lowering drugs as needed • Aspirin prophylaxis, age >40 or with CVD risk factors -weigh risk/benefit • Vaccines - Influenza & Pneumococcal
Quarterly to semi-annually		
Test A1C	Goal A1C <7% appropriate in general. Lower A1C may be appropriate for selected patients, as long as significant hypoglycemia is avoided. Setting an A1C goal >7% may be preferable for patients with advanced diabetes complications, CVD, co-morbidities, reduced life span, or significant hypoglycemia*	
At least once each year		
Review patient knowledge of nutrition and self-management	• Provide or refer: training in self-management, nutrition, physical activity • Counsel on importance of scheduling regular dental exams	
Annually		
Perform complete foot assessment	• Inspect, check pulses, conduct monofilament exam	
Perform nephropathy screening	• For patients without known nephropathy, screen for microalbuminuria Normal: < 30 mcg of albumin per mg creatinine • Measure serum creatinine to estimate GFR • If nephropathy present, treat and monitor, or refer to nephrology	
Obtain lipid profile	• Primary goal: LDL < 100 mg/dl. LDL< 70 mg/dl if CVD or high risk • Desirable: HDL > 40 mg/dl* Triglycerides < 150 mg/dl	
Arrange retinal eye exam	• Dilated retinal exam by eye care professional*	

This guideline is based on the recommendations of the American Diabetes Association and summarizes core care elements appropriate to most adults with diabetes. This guideline should not be construed as representing standards of care nor a substitute for individualized evaluation and treatment based on clinical circumstances.

*See www.diabetes.org for definitions and additional details

Source: New Mexico Healthcare Takes On Diabetes

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