

Diabetes Care Flow Sheet for Patients with Diabetes

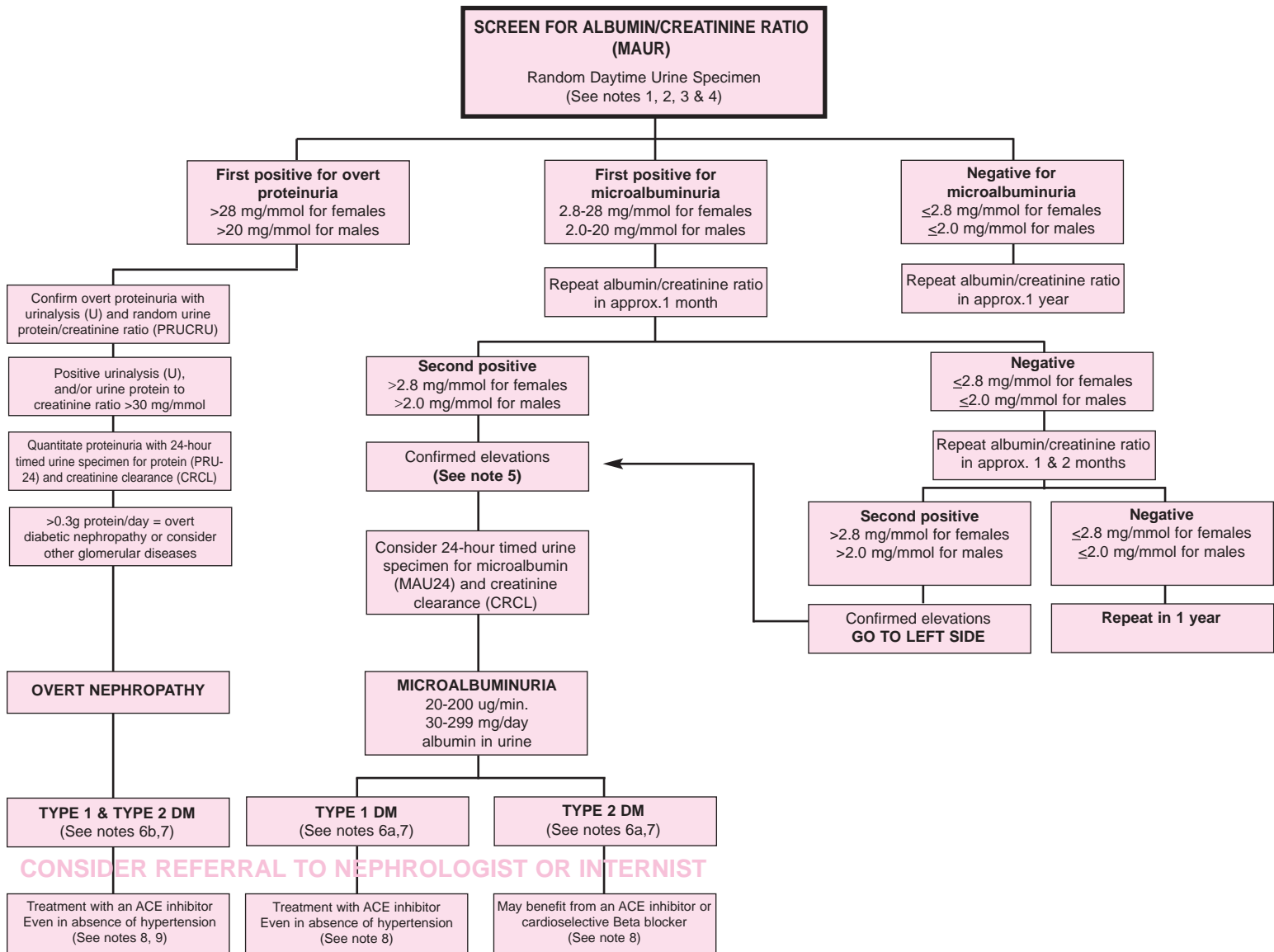
Date of Diagnosis: _____

Pre-existing Complications: _____

Diabetes Medications:	Date:	_____	_____	_____	_____	_____	_____
	Record Med Changes						

		GUIDELINES	PROCEDURE						
3 TO 6 MONTHS	Glycemic Control	Fasting or pre-meal glucose level 4-7 (mmol/L); 1-2 hrs after meal 5-11 (mmol/L)	Review Blood Glucose Records (✓ when done)						
		Every 3-6 months: Target <0.070 (<115% of upper limit of normal)	HgbA1c <i>value</i>						
			Hypoglycemia (indicate frequency)						
	Hypertension	Goal ≤130/80 Goal for pt's with overt nephropathy ≤125/75	BP <i>value</i>						
			BP medications <i>record meds</i>						
	Other	Goal body mass index (BMI) <25	Weight/BMI <i>value</i>						
Foot care		Lower extremity exam (✓ when done)							
Reinforce lifestyle counseling		Smoking, activity, diet, stress (✓ when done)							
ANNUALLY AND/OR AS INDICATED	Lipids	(goal <4.0)	Total Chol <i>value</i>						
		(goal <2.5)	LDL <i>value</i>						
		(goal >1.0)	HDL <i>value</i>						
		(goal <2.0)	Triglycerides <i>value</i>						
		(goal <4.0)	Ratio (Total Chol/HDL) <i>value</i>						
		Lipid lowering Meds. <i>record meds</i>							
		Meter within 15% of simultaneous Lab value	Fasting Glucose Meter/Lab Comparison						
	Renal	Screen for Nephropathy • Type 1 Annually >15 yrs old & 5 yr hx of DM • Type 2 At diagnosis then annually *See reverse for screening protocol for diabetic Nephropathy	Microalbumin screen (albumin: creatinine ratio) (MAUR) <i>value</i>						
			24-hr Microalbumin as indicated <i>value</i>						
	Eyes	Dilated eye exam: Type 1 Annually >15 yrs old & 5 yr hx of DM Type 2 At diagnosis then as indicated, min. q 2 yrs.	Ophthalmologist/Optomtrist for dilated eye exam						
Neuropathy	Test for loss of sensation with 10g monofilament on circled areas. Indicate + if positive response - if negative response	Sensory testing							
Education	People with diabetes need the support of an interdisciplinary team of health and other professionals.	Diabetes/Lipids Education							
	• Annual Influenza vaccine • Once lifetime Pneumococcal vaccine <input type="checkbox"/>	Record Date							
	• See clinical progress notes	✓ if applicable							

Screening Protocol for Diabetic Nephropathy



1. Type 1 DM - screening initiated in individuals ≥ 15 years of age with a 5-year history of Type 1 DM.
2. Type 2 DM - screening initiated upon diagnosis and annually.
3. Avoid screening if patient acutely ill, febrile or engaging in strenuous activity.
4. Option - may use urine dipstick in clinic for proteinuria - if positive ($>$ trace proteinuria) proceed directly to 24-hour timed urine specimen.
5. Confirmation required elevation in 2 out of 3 albumin/creatinine ratio measurements performed over 3 months. If uncertainty about elevation exists, consider a timed urine collection to measure the rate of microalbuminuria.
- 6a. Blood pressure goal $\leq 130/80$
- 6b. With overt nephropathy BP goal $\leq 125/75$
7. Other considerations:
 - Elimination of all CV risk factors (discontinue smoking, treat dyslipidemia)
 - Intensive glucose control
 - Protein as per recommended nutrient intake (consult dietitian)
 - Measure serum potassium and serum creatinine
 - If serum creatinine >130 $\mu\text{mol/L}$ discontinue Metformin
 - **$> 50\%$ decrease in creatinine clearance rate requires a referral to a nephrologist or internist**
8. ACE inhibitor use assumes no contraindications. Serum potassium and creatinine levels should be monitored 1-2 weeks after initiation of therapy or after each dosage change.
9. Monitor serum creatinine, serum potassium, 24-hour urine creatinine clearance and rate of proteinuria at least 2x/year.

*Adapted from the 1998 clinical practice guidelines for the management of diabetes in Canada, CMAJ 1998;159(8 suppl) and the Recommendations for the management and treatment of dyslipidemia, CMAJ 2000;162(10)1441-7