

## Essential Diabetes Mellitus Care Principles

*Care is a partnership between the patient, family and the diabetes team:  
the primary care provider, diabetes educator, nurse, dietitian, pharmacist and other specialists.*

Abnormal physical or lab findings should result in appropriate interventions.

For particular details and references for each specific area, please refer to the companion supporting documents.\*

[//journal.diabetes.org/FullText/Supplements/DiabetesCare/Supplement100](http://journal.diabetes.org/FullText/Supplements/DiabetesCare/Supplement100)

Concerns	Care/ Test	Frequency
<b>General Recommendations</b>	<ul style="list-style-type: none"> <li>Diabetes focused visit. Use correct ICD9 coding on Type 1 or 2</li> <li>Review Obesity issues and Mental Health Issues.</li> <li>Review screening neurosensory exam and ED.</li> <li>Review management plan, problems &amp; goals.....</li> </ul>	<p><u>Type 1</u>*: every 3 months  <u>Type 2</u>*: every 3 - 6 months                      * or &gt; often based on control &amp; complications                      Each focused visit; revise as needed</p>
<b>Glycemic Control</b>	<ul style="list-style-type: none"> <li>Review meds &amp; frequency of low blood sugar.....</li> <li>Self blood glucose monitoring, set &amp; review goals.....</li> <li>HbA1C - [goal: &lt; 7.0% or &lt;= 1% above lab norms]..... [if HbA1c &gt; 8.0%, action is recommended]</li> <li>Weight/BMI/Growth.....</li> </ul>	<p>Each focused visit                      2 - 4 times/day or as recommended                      Every 3 - 6 months</p> <p>Each focused visit</p>
<b>Kidney Function</b>	<ul style="list-style-type: none"> <li>Urinalysis.....</li> <li>Urine for microalbumin: ..... [if higher than 30 mg creatinine or &gt; 30 mg/24 hours, initiate ACE inhibitor (unless contraindicated)]</li> <li>Creatinine clearance &amp; protein.....</li> </ul>	<p>At diagnosis and yearly  <u>Type 1</u>: Begin with puberty or after 5 yrs' duration, then yearly  <u>Type 2</u>: At diagnosis, then yearly after microalbuminuria &gt; 300mg/24 hour</p>
<b>Cardiovascular</b>	<ul style="list-style-type: none"> <li>Smoking.....</li> <li>Lipid profile.....                      [adult goals:                      Triglycerides &lt; 200 mg/dL                      HDL &gt; 35 mg/dL                      LDL &lt; 100 mg/dL (optimal goal)]</li> <li>Blood pressure ..... [adult goal: &lt; 130/85] [children's goal: below 90% of ideal for age]</li> <li>Aspirin prophylaxis (unless contraindicated).....</li> <li>Exercise/Diet/Weight Goals.....</li> </ul>	<p>Counsel to stop every visit  <u>Children</u>: If &gt; 2 years, after diagnosis &amp; once glycemic control is established - repeat yearly if abnormal. Follow National Cholesterol Education Program (NCEP) guidelines.  <u>Adults</u>: yearly. If abnormal, follow NCEP guidelines.</p> <p>Each focused visit</p> <p>Age &gt; 30 years                      Each focused visit</p>
<b>Eye Care</b>	<ul style="list-style-type: none"> <li>Dilated eye exam by ophthalmologist or optometrist</li> </ul>	<p><u>Type 1</u>: After 5 yrs' duration, then yearly  <u>Type 2</u>: At diagnosis, then yearly</p>
<b>Foot Care</b>	<ul style="list-style-type: none"> <li>Inspect feet, with shoes and socks off.....</li> <li>Comprehensive lower extremity sensory exam.....</li> </ul>	<p>Each focused visit: stress need for daily self-exam                      Yearly</p>
<b>Pregnancy</b>	<ul style="list-style-type: none"> <li>Assess contraception/discuss family planning.....</li> <li>Preconception consult.....</li> <li>Management Review separate guidelines</li> </ul>	<p>At diagnosis &amp; yearly during childbearing years                      3 - 4 months prior to conception  <i>Some medications (e.g., oral antidiabetic agents, ACE inhibitors, angiotensin II blockers, etc.) are contraindicated during pregnancy</i></p>
<b>Self Management Training</b>	<p>By diabetes educator or clinician .....</p> <ul style="list-style-type: none"> <li>Curriculum to include the 15 key areas of the national standards for diabetes self-management education</li> <li>Review exercise program. Consider disease management program</li> </ul>	<p>At diagnosis, then every 6 - 12 months or more as indicated by the patient's status</p>
<b>Nutrition Therapy</b>	<p>By a dietitian or clinician .....</p> <ul style="list-style-type: none"> <li>To include areas defined by the American Dietetic Association's Nutrition Practice Guidelines</li> </ul>	<p>At diagnosis; then  <u>Type 1</u>*: if age &lt;18 years, every 3 - 6 months or if age &gt;18 years, every 6 -12 months  <u>Type 2</u>*: every 6 - 12 months;                      * or &gt; as indicated by the patient's status.</p>
<b>Immunizations</b>	<ul style="list-style-type: none"> <li>Influenza vaccine.....</li> <li>Pneumococcal vaccine.....</li> </ul>	<p>Yearly for adults and children &gt; 6 months                      (See CDC Guidelines)</p>

Members are responsible for selecting providers, services or products. All components of the principles may not be covered for payment under a member's health plan. Health plans should be contacted for information regarding providers and services.