

Clinical Guidelines

Adult Diabetes Care*

| Type of Care | | Frequency | Description/Comments |
|----------------------------------|--|-------------------------------------|--|
| History and Physical | Blood pressure, height and weight | Every 3-6 months | If blood pressure is >130/80 mm Hg, initiate measures to lower. |
| | Dilated eye exam | Annually ¹ | Refer to ophthalmologist or optometrist. |
| | Foot exam and lower extremity sensory exam | Every 3-6 months | Perform visual exam without shoes and socks every routine diabetes visit. |
| | Comprehensive lower extremity sensory exam | Initially and annually ² | Teach protective foot behavior if sensation is diminished. Refer to podiatrist if indicated. |
| | Dental exam | Every 6 months | Refer to dentist. |
| | Smoking status | Ongoing | Check every visit and encourage smoking cessation. |
| Laboratory Tests | Glycosylated hemoglobin (HbA1c) | Every 3-6 months ³ | Ideal goal is <7% or <1% above lab norm. ⁴ Make changes in regimen if HbA1c is >8%. |
| | Fasting blood glucose | As indicated | Compare lab results with glucose self-monitoring. |
| | Fasting lipid profile | Annually ⁵ | Initiate cardiovascular risk reduction regimen. |
| | Urine microalbumin/creatinine | Initially and annually ⁶ | If abnormal, recheck twice in a 3-month period; then treat if 2 out of 3 collections show elevated levels. |
| | Serum creatinine | Initially and as indicated | |
| | ECG | Initially | Perform if patient is older than 40 years or has had diabetes 10 years or longer. |
| | Thyroid assessment | Initially and as indicated | Palpate thyroid and check thyroid function test(s) |
| Recommended Immunizations | Flu | Every Fall | |
| | Pneumovax | Recommended 1 time | Revaccinate 1 time if patient is 65 years or older and 1st vaccine was 5 or more years ago and patient was younger than 65 years at the time of 1st vaccine. |

At every visit, physicians should also review self-management of medications, diet, and exercise and counsel appropriately.

1. Type 1: Initial examination after 3-5 years' disease duration. Type 2: Initial examination shortly after diagnosis.
2. Every 3-6 months if patient has high-risk foot conditions.
3. Twice per year for stable glycemic control; 4

times/year if change in therapy or if not meeting glycemic goals.
4. More stringent goals, including a normal HbA1c of <6% can be considered in individual patients.
5. If values fall in lower risk levels, assessment may be

repeated every 2 years.
6. Initial urinalysis at diagnosis of type 2 diabetes. In patients with type 1 diabetes, screen for microalbumin after 5 years of disease. Screen microalbumin annually thereafter.

* Diabetes Guidelines Work Group. Diabetes Prevention and Control Program, Bureau of Family and Community Health, Massachusetts Department of Public Health. Massachusetts guidelines for adult diabetes care. Boston, MA: Massachusetts Health Promotion Clearinghouse; June 2005.