

DIABETES CARE TOOL



KENTUCKY **DIABETES** NETWORK, INC.

A statewide partnership striving to improve the treatment and outcomes for Kentuckians with diabetes.

Patient Name: _____ DOB: _____

Height: _____ Smoker: **Yes No** (circle one) Pneumococcal Vaccine Date(s): _____

Type of Diabetes: **1 2** (circle one) Year of Diabetes Diagnosis: _____

*This tool is based on the 2009 American Diabetes Association's "Standards of Medical Care for Patients with Diabetes Mellitus" and indicates minimum services to be provided in the continuing (initial visits have additional components) care of **adults** with diabetes. It is not intended to replace or preclude clinical judgement or more intensive management where medically indicated. Use it as a reminder for exams or important tests, to simplify record keeping and as a way to continually improve care to all patients with diabetes.*

Enter result, checkmark, or date as you deem appropriate.

| DATE OF VISIT | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|
| EVERY VISIT | Weight | | | | | | |
| | B/P (Goal <130/80) | | | | | | |
| | A1C Hemoglobin A1c every 3–6 mo. (Goal <7%) | | | | | | |
| | Foot Exam: V = Visual | | | | | | |
| | Review Self Management Goals and BG Log | | | | | | |
| ANNUAL | Foot Exam: • Monofilament (sensation), foot structure, biomechanics, vascular, and skin integrity | | | | | | |
| | Fasting Lipid Profile: • Total Cholesterol (Goal < 200) | | | | | | |
| | • LDL (Goal < 100) | | | | | | |
| | • HDL (Goal Men > 40, Women > 50) | | | | | | |
| | • Triglycerides (Goal < 150) | | | | | | |
| | Microalbumin: Unless urine dipstick (+) for protein | | | | | | |
| | Serum Creatinine: For estimation of glomerular filtration rate (GFR) | | | | | | |
| | Dilated Eye Exam/ Referral Date | | | | | | |
| Flu Vaccine | | | | | | | |
| Oral Visualization Exam | | | | | | | |
| SELF-MANAGEMENT | Self-Management Education/ Referral Date | | | | | | |
| | Exercise /Physical Activity | | | | | | |
| | Medical Nutrition Therapy Referral | | | | | | |
| | Tobacco Cessation (1-800-QUIT NOW or 1-800-784-8669) | | | | | | |
| | Preconception Counseling (women of childbearing age) | | | | | | |
| OTHER | Aspirin Therapy St=start, Cont=continue, D/C=discontinue, CI/MA=contraindicated/medical allergy, Dec=declined | | | | | | |
| | Circle: ACE-I or ARB St, Cont, D/C, CI/MA, Dec | | | | | | |
| | Statin or Lipid Lowering Agent: St, Cont, D/C, CI/MA, Dec | | | | | | |
| | Assess Mental/Behavioral Health | | | | | | |