

Adult Recommended Standards of Care in Diabetes

Based on 2010 American Diabetes Association Standards of Medical Care in Diabetes

Preventive Measure

Goal



Continued Care Visit

2x/year; includes education re: diabetes self-management education, physical activity, medical nutrition therapy, smoking cessation, and psycho-social assessment.



Blood Pressure

q visit, Goal = 130/80
ACE/ARB therapy with HTN diagnosis



Comprehensive Foot Exam

Annually; includes inspection, assessment of foot pulses, and testing for loss of protective sensation (10-g monofilament plus testing any one of: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold)



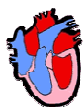
Dilated and Comprehensive Eye Exam

Annually; less frequent exams (q 2-3 yrs) may be considered with history of normal eye exams



Hgb A1C

2x/year if meeting treatment goals **and** has stable A1C; quarterly if therapy has changed or A1C is not stable.



Fasting Lipid Panel

Annually, unless low risk*
*LDL <100 mg/dl, HDL >50 mg/dl, TG <150 mg/dl



Nephropathy Screening

Annually in patients without known nephropathy = urine albumin and serum creatinine



Aspirin Therapy

If no contraindications, consider men >50 years of age or women >60 years of age with at least one additional major risk factor*
*family history of CVD, HTN, smoking, dyslipidemia,



Immunizations

Influenza: Annually to all diabetic patients >6 mos of age.
Pneumococcal: 1x* to all diabetic patients >2 years of age.
*Revaccination recommended for patients > 64 and immunized > 5 years ago when patient was < 65.