

# Child Diabetes Flow Sheet (< 18 years)

Name \_\_\_\_\_ DOB \_\_\_\_\_ MR# \_\_\_\_\_

Parameter Recommended frequency	Results						
Date of visit (2x/year)							
Foot Exam (monofilament)							
Blood pressure (every visit)							
HbA1C (q6 months)							
Fasting Lipid profile (repeat annually, q5 years if low risk*)							
LDL							
HDL							
Triglycerides							
Nephropathy screening and management							
Influenza (annually)							
Prevnar /Pneumococcal see Table 3.47 (2003 AAP Redbook)							
Referred for Dilated eye exam (repeat annually)							
Referred for Medical Nutrition Therapy(as needed)							
Referred for Diabetes Education (as needed)							
Smoking Cessation (as needed)							

\* Low risk lipid profile LDL <100 mg/dl, HDL >50 mg/dl, TG <150 mg/dl