

# DIABETES CARE TOOL



KENTUCKY DIABETES NETWORK, INC.

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

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Tobacco Use: **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 2011 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, initials or date as you deem appropriate.

DATE OF VISIT							
EVERY VISIT	<b>Weight</b>						
	<b>BMI</b>						
	<b>Height in inches</b> _____						
	<b>B/P</b> (Goal <130/80)						
	<b>A1C Hemoglobin A1c</b> every 3–6 mo. (Goal <7%)						
	<b>Foot Exam:</b> V = Visual						
	<b>Review and Update Self Management Goals and BG Log</b>						
ANNUAL	<b>Foot Exam:</b>						
	<ul style="list-style-type: none"> <li>• <b>Monofilament (sensation), foot structure, biomechanics, vascular, and skin integrity</b></li> </ul>						
	<b>Fasting Lipid Profile:</b>						
	<ul style="list-style-type: none"> <li>• <b>Total Cholesterol</b> (Goal &lt; 200)</li> </ul>						
	<ul style="list-style-type: none"> <li>• <b>LDL</b> (Goal &lt; 100)</li> </ul>						
	<ul style="list-style-type: none"> <li>• <b>HDL</b> (Goal Men &gt; 40, Women &gt; 50)</li> </ul>						
	<ul style="list-style-type: none"> <li>• <b>Triglycerides</b> (Goal &lt; 150)</li> </ul>						
	<b>Microalbumin:</b> Unless urine dipstick (+) for protein						
	<b>Serum Creatinine/eGFR:</b>						
	<b>Dilated Eye Exam/Referral Date</b>						
	<b>Flu Vaccine</b>						
	<b>Oral Exam (Visual)</b>						
SELF-MANAGEMENT	<b>Self-Management Education/Referral Date</b>						
	<b>Exercise/Physical Activity</b>						
	<b>Medical Nutrition Therapy/Referral Date</b>						
	<b>Tobacco Cessation</b> (1-800-QUIT NOW or 1-800-784-8669)						
	<b>Preconception Counseling</b> (women of childbearing age)						
OTHER	<b>Aspirin Therapy</b> St=start, Cont=continue, D/C=discontinue, C/MA=contraindicated/medical allergy, Dec=declined						
	<b>Circle: ACE-I or ARB</b> St, Cont, D/C, C/MA, Dec						
	<b>Statin or Lipid Lowering Agent:</b> St, Cont, D/C, C/MA, Dec						
	<b>Assess Mental/Behavioral Health</b>						