

KCQC Guidelines for Management of Adult Diabetes

The following guidelines apply to management of ambulatory patients.

Population	Physician / Patient	Recommendation	Frequency
Adult patients with a diagnosis of Diabetes Mellitus	Physician tests and exams	<ul style="list-style-type: none"> ▪ Hb-A-1C Goal of < 6.5% <7% may be appropriate for older adults 	2 - 4x/yr insulin and non insulin using (more often if change in treatment or lack of control)
		<ul style="list-style-type: none"> ▪ Achieve target blood pressure - If pressure > 130/80 initiate measures to reduce using preferred drugs (angiotensin converting enzyme inhibitor – ACE, angiotensin receptor blocker – ARB, beta blocker, diuretic) ▪ Foot inspection for pressure signs or breakdown ▪ Encourage smoking cessation 	Each visit
		<ul style="list-style-type: none"> ▪ Foot exam by physician or nurse ¹ ▪ Dilated eye exam – ophthalmologist or optometrist ² ▪ Lipid profile (cholesterol, HDL, LDL, triglycerides) - goals of LDL < 100, HDL >45, triglycerides <200 ▪ Flu shot 	One time a year
		<ul style="list-style-type: none"> ▪ Kidney function – microalbumin (albumin-to-creatinine ratio in a random spot collection) 	Every year
		<ul style="list-style-type: none"> ▪ Pneumonia shot ³ 	Initial
	Patient role in self monitoring	<ul style="list-style-type: none"> ▪ Health care goals – basic knowledge of diabetes, ensure referral to education, able to recognize dangerous complications, exercise, nutrition ⁴ ▪ Self management of blood glucose ▪ Smoking cessation 	Each visit

1. Use monofilament or tuning fork
2. In some low risk patients, retina screening may be done every two years. Low risk = Hb-A-1C < 7%, not on insulin, negative retinal exam
3. Repeat if first vaccine > 5 years ago
4. Check self monitoring log book, diet, exercise, medication compliance

Consider referrals to specialist:

- Endocrinologist - hypoglycemic seizure or episode requiring emergency intervention (glucagon, 911, ER) twice in 6 months, frequent hypoglycemia
- Foot care specialist (e.g. Podiatrist, Vascular Surgeon) – history of ulcer/foot lesion/amputation, recurrent lower extremity cellulitis, caregiver not able to provide foot care, impaired healing of lower extremity
- Ophthalmology – any acute change of vision

Source: ADA, Standards Of Medical Care For Patients With Diabetes Mellitus, Diabetes Care 25:S33-S49, 2002
 AMA, JCAHO, NCQA Release, Coordinated Performance Measurement for the Management of Adult Diabetes, 4 25 01

More detailed background and references available upon request

This guideline represents steps to be taken for the usual diabetic patient. Individual patient considerations and advances in medical science may supercede or modify these recommendations – especially for complicated or severe DM.