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| Name: | | Band No.: | Date Annual Review: |
| DOB dd / mm / yy | | | |
| 1. Diabetes Control N.B. HgA1c = A1C | | Goals/Guidelines | Plan |
| HgA1C _____ Self Monitored Blood Glucose range (SMBG) _____ Yearly glucose meter check (within 20% of simultaneous lab values) <input type="checkbox"/> Inadequate control* <input type="checkbox"/> A1C >8.4% q 1/12 Suboptimal control* <input type="checkbox"/> A1C >7-8% q 2/12 Optimal control* <input type="checkbox"/> A1C <7% q 3/12 | | Goal Weight: (BMI 18-25) _____ Goal Exercise: _____ Goal Sugars: Fasting _____ Non-Fasting _____ | Refer Diabetic Education <input type="checkbox"/> Yes <input type="checkbox"/> No Start Self-monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already does Follow-up AHCW q _____ Follow-up MD q _____ Medication plan: |
| 2. Diabetic Nephropathy <input type="checkbox"/> (≥ 2 of 3 positive dipsticks or micro-albuminemia) Urine Protein 2 Positive dips Yes <input type="checkbox"/> No <input type="checkbox"/> or Urine Albumin/Cr 2 Positive: Yes <input type="checkbox"/> No <input type="checkbox"/> Potassium _____ Creatinine _____ CrCl _____ 24 hour protein _____ Calculated CrCl (based on Plasma Creatinine) (umol/l) $CrCl = (140 - age) \times lean\ Wt\ (kg) \times 1.23 \times 0.85$ (if female) Creatinine (umol/l) | | <ul style="list-style-type: none"> 24 hour Cr Cl or Calculated CrCl + check 24 hr protein q 6-12 mo start ACEI & increase to maximum dose if not contraindicated if proteinuria persists or CrCl ≤60 ml/min add or switch to ARB Potassium + creatinine & WBC to be done within 2 weeks of initiation, after each increase & yearly after if Cr stable Refer to nephrology if CrCl<50 or if associated with hematuria. Do Na, K, Cl, HCO₃, Ca, PO₄, Q 1/12 if Cr >400 D/C metformin if Cr>130 D/C ACEI and discuss with nephrologist if ↑ Cr greater than 30% from baseline at any time after initiation of ACEI. If ↑ Cr from baseline after starting ACEI, repeat in another 2 weeks. If continues to increase, discontinue ACEI & discuss with nephrologist. Use of diltiazem or verapamil may be considered to reduce urinary albumin excretion in proteinuric hypertensive patients Refer to nephrologist <input type="checkbox"/> | |
| 3. Hypertension: <input type="checkbox"/> No <input type="checkbox"/> GOAL ≤130/80 or ≤125/75 if nephropathy At target <input type="checkbox"/> Not <input type="checkbox"/> Consider referral to Internal Medicine <input type="checkbox"/> | | Unless contraindicated: drugs of 1 st choice either of: <ul style="list-style-type: none"> ACEI if nephropathy - to maximum dosage - or use ARB especially if co-existent left ventricular hypertrophy (LVH) Hydrochlorothiazide 12.5-25 mg O.D. if ↑BP persists Calcium channel blocker (diltiazem or verapamil) if ↑BP persists and especially if proteinuria Cardio-selective β Blocker if ↑BP persists Use above in combination if monotherapy not effective Avoid alpha-adrenergic blockers for first line BPTx in diabetics | |
| 4. Dyslipidemia <input type="checkbox"/> No <input type="checkbox"/> Abdominal girth _____ LDL _____ TC/HDL _____ TG _____ Apo B _____ Goal: LDL<2.5; TC/HDL <4.0; TG<1.5; Apo-B < 0.9 g/L Goal achieved: Yes <input type="checkbox"/> No <input type="checkbox"/> Metabolic syndrome TG ≥1.7, HDL < 1, BP>130/80, _ girth > 102cm | | <ul style="list-style-type: none"> If LDL increased, start statin. ALT baseline, after initiation, each increase & q3-12 mos depending on risks of hepatitis If TG increased >4.5 start fibrinate If both LDL & TG increased, start fibrinate with low dose statin. Increased risk of myositis, i.e., CK+ALT must be monitored as per above. (Note: ↑TG can occur secondary to alcohol/ hyperglycemia i.e., glycemic control & alcohol avoidance should be attempted first) | |
| 5. Peripheral Neuropathy <input type="checkbox"/> No <input type="checkbox"/> | | Refer to Foot Nurse or HSC Diabetic Foot Clinic <input type="checkbox"/> | |
| 6. Diabetic Retinopathy <input type="checkbox"/> No <input type="checkbox"/> | | Last Retinal Screen _____ Next Screen _____ | |
| 7. Smoker <input type="checkbox"/> No <input type="checkbox"/> | | Consider Cessation Program 8. Pneumovax* date _____ Flu Shot <input type="checkbox"/> *Repeat if given at < 65 yo & ≥ 5 yrs ago | |
| 9. Patient on ASA <input type="checkbox"/> | | Start low dose ecASA unless contraindicated <input type="checkbox"/> MedicAlert® for Diabetes <input type="checkbox"/> | |
| 10. Yearly ECG <input type="checkbox"/> | | Chest pain <input type="checkbox"/> No <input type="checkbox"/> Refer to Cardiology <input type="checkbox"/> Refer for Stress test <input type="checkbox"/> | |
| 11. Erectile dysfunction <input type="checkbox"/> | | No <input type="checkbox"/> Needs meds <input type="checkbox"/> Urology referral <input type="checkbox"/> | |
| Management Plan: | | | |