

Sample Diabetes Patient Care Flow Sheet for Adults

Name Date of birth				Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Age at diagnosis _____																															
Care objectives (risk factors, comorbidities)				Self-management (discuss with patient)																															
<input type="checkbox"/> Hypertension (target <130/80 mm Hg) <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> CAD <input type="checkbox"/> Smoking _____ (date stopped) <input type="checkbox"/> PAD <input type="checkbox"/> Alcohol _____ (assess/discussed) <input type="checkbox"/> CKD <input type="checkbox"/> Mental health diagnosis <input type="checkbox"/> PCOS <input type="checkbox"/> Foot disease <input type="checkbox"/> ED <input type="checkbox"/> Retinopathy				<input type="checkbox"/> Refer to diabetes teaching team _____ (date) <input type="checkbox"/> Weight management: Wt: _____ Ht: _____ BMI: _____ (normal: 18.5–24.9 kg/m ²) Target wt: _____ WC: _____ (M <102 cm; F <88 cm) <input type="checkbox"/> Physical activity (≥150 min/week): _____ <input type="checkbox"/> Glucose meter/lab comparison <input type="checkbox"/> Patient care plan (including pregnancy planning)																															
Visits (3 to 6 months)																																			
Date	BP	Wt	A1C (Target ≤7%)	Notes (goals, clinical status)	Diabetes medication baseline: Allergies, side effects, contraindications. Consider ACEI, ARB, statin, ASA as indicated																														
Review SMBG records. Target: preprandial 4–7 mmol/L; 2-hour postprandial 5–10 mmol/L (5–8 mmol/L if not achieving A1C target)																																			
Screen for diabetes complications annually, or as indicated																																			
Nephropathy Date ACR target: M <2.0, F <2.8 eGFR/CrCl target: >60			Neuropathy <input type="checkbox"/> Check feet for lesions and sensation (10-g monofilament, 128 Hz tuning fork) <input type="checkbox"/> Check for pain, ED, GI symptoms Date: _____ Findings: _____ Date: _____ Findings: _____ Date: _____ Findings: _____		Retinopathy <input type="checkbox"/> Annual eye exam Date: _____ Date: _____ Ophthalmologist/optometrist: _____																														
CAD assessment <input type="checkbox"/> Not high risk <input type="checkbox"/> High risk Definition M ≥45 y, F ≥50 y or has ≥1 of the following: macrovascular disease; microvascular disease; multiple risk factors (esp. family history); 1 extreme risk factor; duration of diabetes >15 y and age >30 y Resting ECG: _____ Exercise stress test: _____ Other: _____			Lipids Targets for those at high risk for CAD Primary target: LDL-C ≤2.0 mmol/L Secondary target: TC/HDL-C <4.0 <table border="1"> <thead> <tr> <th>Date</th> <th>TC</th> <th>LDL-C</th> <th>TC/HDL-C</th> <th>TG</th> <th>Medications</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	TC	LDL-C	TC/HDL-C	TG	Medications																									Vaccinations <input type="checkbox"/> Annual influenza Date: _____ Date: _____ <input type="checkbox"/> Pneumococcus Date: _____
Date	TC	LDL-C	TC/HDL-C	TG	Medications																														
SEE REVERSE FOR CARE OBJECTIVES AND TARGETS																																			

Care	Objective	Target
Self-monitoring of blood glucose	<ul style="list-style-type: none"> Reinforce patient's responsibility for regular monitoring as appropriate Ensure patient can use glucose meter, interpret SMBG results and modify treatment as needed Develop an SMBG schedule with patient and review records 	Preprandial (mmol/L) 4.0–7.0 for most patients 2-hour postprandial (mmol/L) 5.0–10.0 for most patients 5.0–8.0 if not achieving A1C target
Blood glucose control	<ul style="list-style-type: none"> Measure A1C every 3 months for most adults Consider testing at least every 6 months in adults during periods of treatment and lifestyle stability, and when glycemic targets are being consistently achieved 	A1C ≤7.0% for most patients See "Targets," p. S29*
Blood glucose meter accuracy	<ul style="list-style-type: none"> Compare meter results with laboratory measurements at least annually, and when indicators of glycemic control do not match meter 	Simultaneous fasting glucose/meter lab comparison within 20%
Hypertension	<ul style="list-style-type: none"> Measure BP at diagnosis of diabetes and at every diabetes clinic visit 	<130/80 mm Hg
Waist circumference	<ul style="list-style-type: none"> Measure as an indicator of abdominal fat 	Target WC: M <102 cm, F <88 cm (see ethnic-specific values in "Management of Obesity in Diabetes," p. S77)*
Body mass index	<ul style="list-style-type: none"> Calculate BMI: mass in kg/(height in m)² 	Target BMI: 18.5–24.9 kg/m²
Nutrition	<ul style="list-style-type: none"> Encourage nutrition therapy (by a Registered Dietitian) as an integral part of treatment and self-management (can reduce A1C by 1–2%) 	Meet nutritional needs by following <i>Eating Well with Canada's Food Guide</i>
Physical activity	<ul style="list-style-type: none"> Discuss and encourage aerobic and resistance exercise Consider exercise ECG stress test for previously sedentary individuals at high risk for CAD planning exercise more vigorous than brisk walking 	Aerobic: ≥150 minutes/week Resistance: 3 sessions/week
Smoking	<ul style="list-style-type: none"> Encourage patient to stop at each visit; provide support as needed 	Smoking cessation
Retinopathy	<ul style="list-style-type: none"> Type 1 diabetes: Screen 5 years after diagnosis, then rescreen annually Type 2 diabetes: Screen at diagnosis, then every 1–2 years if no retinopathy present Screening should be conducted by an experienced eye care professional 	Early detection and treatment
Chronic kidney disease	<ul style="list-style-type: none"> Identification of CKD requires screening for proteinuria using random urine ACR and assessment of renal function using a serum creatinine converted to eGFR Type 1 diabetes: In adults, screen after 5 years duration of diabetes, then annually if no CKD Type 2 diabetes: Screen at diagnosis, then annually if no CKD If CKD present, perform ACR and eGFR at least every 6 months 	ACR (mg/mmol) Normal: M <2.0; F <2.8 Microalbuminuria: M 2.0–20.0, F 2.8–28.0 Macroalbuminuria: M >20.0, F >28.0 CKD if eGFR ≤60 mL/min
Neuropathy/foot examination	<ul style="list-style-type: none"> Type 1 diabetes: Screen 5 years after diagnosis, then rescreen annually Type 2 diabetes: Screen at diagnosis, then annually Screen for neuropathy with 10-g monofilament or 128-Hz tuning fork at dorsum of great toe. In foot exam, look for structural abnormalities, neuropathy, arterial disease, ulceration, infection 	Early detection and treatment If neuropathy present: foot care education, specialized footwear, smoking cessation If ulcer present: manage by multidisciplinary team with expertise
CAD assessment	<ul style="list-style-type: none"> Conduct CAD risk assessment periodically: CV history, lifestyle, duration of diabetes, sexual function, abdominal obesity, lipid profile, BP, reduced pulses, bruits, glycemic control, retinopathy, eGFR, ACR Measure baseline resting ECG, then every 2 years if: age >40 years, duration of diabetes >15 years, symptoms, hypertension, proteinuria, bruits or reduced pulses High-risk categories include: <ul style="list-style-type: none"> Men ≥45 years, women ≥50 years or Men <45 years, women <50 years with ≥1 of: macrovascular disease, microvascular disease (especially retinopathy, nephropathy), multiple additional risk factors (especially family history of premature coronary or cerebrovascular disease in 1st-degree relative), extreme single risk (e.g. LDL-C >5.0 mmol/L, systolic BP >180 mm Hg) or duration of diabetes >15 years and age >30 years 	Vascular protection: first priority in prevention of diabetes complications is reduction of CV risk by vascular protection through a comprehensive multifaceted approach: <ul style="list-style-type: none"> All people with diabetes: optimize BP, glycemic control and lifestyle (weight, exercise, smoking) People with diabetes and at high risk of CV event, additional interventions: ACE inhibitor/ARB antiplatelet therapy (as indicated) and lipid-lowering medication (primarily statins)
Dyslipidemia	<ul style="list-style-type: none"> Measure fasting lipid levels (TC, HDL-C, TG and calculated LDL-C) at diagnosis of diabetes, then every 1–3 years as clinically indicated. Test more frequently if treatment initiated 	Lipid targets for those at high risk for CAD: <ul style="list-style-type: none"> Primary target: LDL-C ≤2.0 mmol/L Secondary target: TC/HDL-C <4.0

Care objectives: People with diabetes will have better outcomes if primary healthcare providers: 1) identify patients with diabetes in their practice; 2) assist them by incorporating the suggested care objectives; 3) schedule diabetes-focused visits; and 4) use diabetes patient care flow sheets and systematic recall for visits.

*Can J Diabetes. 2008; 32 (suppl 1); S1-S201