DIABETES ALLIANCE of IDAHO

Idaho Adult Type 2 Diabetes Clinical Practice Guidelines

2011

Supporting Organizations

Blue Cross of Idaho

Diabetes and Internal Medicine Associates

Family Health Services

Genesis World Mission

Glenns Ferry Health Center, Inc.

Humphreys Diabetes Center

Idaho Academy of Family Physicians

Idaho Diabetes Prevention and Control Program

Idaho Medicaid

Idaho Primary Care Association

Idaho Public Health Districts

North Idaho Health Network

PacificSource Health Plans

Qualis Health

Regence Blue Shield of Idaho

Saint Alphonsus Diabetes Care and Education Program

Shoshone Bannock Tribes

St. Luke's Health System

Treasure Valley Endocrinology, P.C. Dr. Foote

Treasure Valley Family YMCA

Frequency	Procedure/Test	Action or Goal
Every Visit	Interval history	Review glucose testing log, hypoglycemic episodes, and tobacco use with patient
	Blood pressure	< 130/80 mmHg Individualize goals as necessary
	Weight	Obtain weight or preferably BMI
	Foot exam	Inspect skin for signs of pressure areas and breakdown
	Medication review and adjustment	Glucose lowering medications
		Antihypertensives if HTN present (ACE/ARB)
		Lipid controlling medications
		Antiplatelet therapy*
		Immunizations as indicated
Quarterly to Semi-Annually	A1C	Test 4 times/year; 2 times/year if in good control
		General goal: <7% Individual patient goal: as close to normal as possible while avoiding hypoglycemia*
At Least Once Each Year	Assessment of patient knowledge of diabetes, nutrition and self-management skills	Provide or refer for training in self-management and nutrition as needed, based on assessment
Annually	Foot risk assessment	Inspect, check pulses, conduct monofilament exam
	Nephropathy screening	For patients without known nephropathy, screen for microalbuminuria. Normal < 30 mcg of albumin per mg creatinine
		Measure serum creatinine to estimate GFR
		If nephropathy present, treat and monitor
	Lipid profile every 2 years unless abnormal	LDL= < 100 mg/dl; <70mg/dl if CVD or at risk HDL = men: > 40 mg/dl; women: > 50 mg/dl
	Retinal eye exam every 2 years unless abnormal	Dilated retinal exam by eye care professional
	Dental exam	Counsel on importance of regular dental exams

This guideline is in agreement with the American Diabetes Association (ADA). This guideline should not be construed as representing standards of care nor as a substitute for individualized evaluation and treatment based on clinical circumstances. For more information, including full documentation for the above clinical recommendations, consult the ADA website at **professional.diabetes.org/CPR_search.aspx** or contact the ADA at 1.800.DIABETES.

* Detailed recommendations available at: **care.diabetesjournals.org**.

For more information go to **www.diabetes.idaho.gov**.