



DIABETES & CAD FLOW CHART

Patient's Name _____

D.O.B. _____

Enter Date Completed

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|--|--|--|--|

Date of Comprehensive Medical History and Medical Exam _____

Patient Evaluation & Assessment (Annually unless otherwise specified)

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|--|----------------|--|--|--|--|--|
| Weight <i>Each visit</i> | Target: | | | | | |
| Blood Pressure <i>Each visit</i> | Target: | | | | | |
| Complete Foot Exam <i>Each visit</i> | | | | | | |
| Neurological Exam <i>Evaluation of Pulses</i> | | | | | | |
| Skin Examination of all injection sites <i>Each visit</i> | | | | | | |
| Psychosocial Assessment/Behavioral Issues/ Depression <i>Each visit</i> | | | | | | |

Laboratory Evaluation (Annually or as indicated)

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|--|--|--|--|--|--|--|
| HbA1c <i>Every 3-6 months</i> | | | | | | |
| Complete Lipid Panel (<i>Cholesterol, Triglycerides, LDL Cholesterol, HDL Chol</i>) | | | | | | |
| Urinalysis and Measure of Urinary Microalbumin | | | | | | |
| Serum Creatinine in adults; FBS, TSH | | | | | | |
| EKG (Adults) Initial Visit & PRN | | | | | | |
| Assessment of Ventricular Function <i>2-D ECHO or RNVG</i> <i>Record Ejection Fraction</i> | | | | | | |

Drug Therapy & Immunizations

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|---|--|--|--|--|--|--|
| ASA daily <i>if not contraindicated</i> If contraindication, Clopidogrel is considered | | | | | | |
| ACE Inhibitor if EF <40% OR Contraindication is noted | | | | | | |
| Beta Blocker post MI or contraindication is noted | | | | | | |
| Annual Influenza (Flu) & Pneumococcal Vaccine | | | | | | |

Management Plan & Patient Education

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|--|--|--|--|--|--|--|
| Self Glucose Monitoring/Review results each visit | | | | | | |
| Assess Tobacco utilization/exposure to second-hand smoke at every visit | | | | | | |
| Smoking Cessation Therapy is prescribed | | | | | | |
| Assess Physical Activity: Establish Exercise Plan | | | | | | |
| Alcohol Usage Discussion | | | | | | |
| Foot Care | | | | | | |
| Diabetes Classes <i>One time & PRN</i> | | | | | | |

Specialty Referrals

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|---|--------------------------|--|--|--|--|--|
| Ophthalmologist/Optometrist | Dilated Eye Exams | | | | | |
| Endocrinologist/Nephrologist <i>As indicated</i> | | | | | | |
| Cardiology Consult (<i>Recommended for New York Heart Classification III or IV, if ejection fraction < 40%, CHF or syncope</i>) | | | | | | |
| Diabetes Educator <i>As needed</i> | | | | | | |
| Nutritional Counseling <i>as indicated for weight reduction, cholesterol reduction or hypertension reduction</i> | | | | | | |
| Cardiac Rehab Programs (<i>Consider for moderate-to-high risk patient</i>) | | | | | | |
| Podiatrist/Foot Care Specialist <i>As indicated</i> | | | | | | |

Provider's Initials

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This Combination flow chart is a TOOL to be used in conjunction with both the "Practice Guidelines for Diabetes Care and Coronary Artery Disease" (at the discretion of each individual physician). The Flow Chart was developed by the Medical Society of Delaware's Uniform Guideline Physician Committee for Diabetes in collaboration with the Delaware Diabetes Coalition.

Key Patient Outcomes are Highlighted.

4/25/06