

Adopted from American Diabetes Association, Executive Summary: Standards of Medical Care in Diabetes- 2010, Diabetes Care, Volume 33, Supplement 1, January 2010.
Available: care.diabetesjournals.org

ADA Criteria for Identification and Diagnosis of Diabetes:	<ul style="list-style-type: none"> • Hemoglobin A1C > 6.5%, or • Fasting plasma glucose > 126 mg/dl, or • 2-hour plasma glucose > 200 after 75g oral glucose tolerance test, or • A symptomatic patient with > 200 mg/dl random plasma glucose.
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Concern	Care/Test	Frequency
Identification and Diagnosis of Type 2 Diabetes	<ul style="list-style-type: none"> • Fasting plasma glucose test, • Oral glucose tolerance test, or • Hemoglobin A1C 	Test all adults \geq age 45 yrs (see full Guidelines for testing of Type 2 diabetes in children and adolescents); if normal and person has no risk factors, retest in 3 years or less.
General Recommendations for Care	<ul style="list-style-type: none"> • Perform diabetes-focused visit • Review management plan; assess barriers and goals..... • Assess physical activity level..... • Assess nutrition/weight/BMI/growth 	<p><u>Type 1:</u> Every 3 months. <u>Type 2:</u> Every 3 – 6 months.</p> <p>Each focused visit; revise as needed. Each focused visit. Each focused visit; consider Bariatric surgery for adults with BMI >35 kg/m² and type 2 diabetes.</p>
Self-Management Education	<ul style="list-style-type: none"> • Refer to diabetes educator, preferably a CDE in an ADA Recognized Program 	At diagnosis, then as needed depending on control needs and goals.
Medical Nutrition Therapy	<ul style="list-style-type: none"> • Refer for medical nutrition therapy (MNT) provided by a registered dietitian (RD), preferably one who is also a CDE..... 	At diagnosis or first referral to RD: initial visits completed in 3 to 6 months, then RD determines additional visits based on needs/goals.
Glycemic Control	<ul style="list-style-type: none"> • Check A1C; goal: below or around 7.0% (always individualize)..... • Review goals, medications, side effects, and frequency of hypoglycemia..... • Assess self-blood glucose monitoring schedule 	<p><u>Type 1:</u> Every 3 months. <u>Type 2:</u> Every 3 – 6 months.</p> <p>Each focused visit. Each focused visit, 2 – 4 times/day, or as recommended.</p>
Cardiovascular Care	<ul style="list-style-type: none"> • Check fasting lipid profile..... Adult goals: Total Cholesterol < 200 mg/dL Triglycerides < 150 mg/dL HDL > 40 mg/dL (men) HDL > 50 mg/dL (women) Non-HDL (Cholesterol) < 130 mg/dL LDL < 100 mg/dL (optimal goal) LDL < 70 mg/dL (for very high risk) • Start statin with ongoing lifestyle changes • Check blood pressure..... Adult goal: < 130/80 mmHg • Assess smoking/tobacco use status • Start aspirin prophylaxis (unless contraindicated)..... 	<p><u>Children:</u> After age 2 but before age 10. Repeat annually if abnormal, repeat in 5 years if normal. <u>Adults:</u> Annually. If abnormal, follow NCEP III guidelines.</p> <p>Adults with CVD; Age > 40 yrs with one or more risk factors for CVD. <u>Children:</u> Each focused visit; treat if consistently > 95% percentile for sex/age. <u>Adults:</u> Each focused visit. Each visit; (5As: Ask, Advise, Assess, Assist, Arrange). Men > 50 yrs or women > 60 yrs with one additional CVD risk factor.</p>
Kidney Care	<ul style="list-style-type: none"> • Check albumin/creatinine ratio using a random urine sample, also called urine microalbumin/creatinine ratio • Check serum creatinine and estimated GFR • Perform routine urinalysis..... • ACE inhibitor or ARB if micro or macroalbuminuria (unless contraindicated) 	<p><u>Type 1:</u> At puberty or after 5 years duration, then annually. <u>Type 2:</u> At diagnosis, then annually.</p> <p>At diagnosis, then annually. At diagnosis, then as indicated. If ACE/ARB used, monitor serum creatinine and potassium levels for development of acute kidney disease and hyperkalemia.</p>
Eye Care	<ul style="list-style-type: none"> • Dilated eye exam by eye care professional 	<p><u>Type 1:</u> If age \geq 10 yrs, within 3 – 5 years of onset, then annually. <u>Type 2:</u> At diagnosis, then annually.</p>
Neuropathy and Foot Care	<ul style="list-style-type: none"> • Assess/screen for neuropathy (autonomic/DPN) • Visual inspection of feet with shoes and socks off • Perform comprehensive lower extremity/foot exam (use monofilament and tuning fork) • Screen for PVD (consider ABI) 	<p><u>Type 1:</u> Five years after diagnosis, then annually. <u>Type 2:</u> At diagnosis, then annually.</p> <p>Each focused visit; stress daily self-exam. At diagnosis, then annually. At diagnosis, then annually.</p>
Emotional/ Sexual Health Care	<ul style="list-style-type: none"> • Assess emotional health; screen for depression..... • Assess sexual health concerns 	<p>Each focused visit. Each focused visit.</p>
Immunizations	<ul style="list-style-type: none"> • Provide influenza vaccine..... • Provide pneumococcal vaccine..... 	<p>Annually, if age \geq 6 months. Once; then per Advisory Committee on Immunization Practices.</p>
Preconception and Pregnancy Care	<ul style="list-style-type: none"> • Provide preconception counseling/assessment • Assess contraception/discuss family planning • Assess risk for gestational diabetes mellitus (GDM)..... • Screen for GDM..... • Screen for Type 2 diabetes post-GDM..... 	<p>3 – 4 months prior to conception. At diagnosis and each focused visit. At first prenatal visit (if high risk, screen immediately for GDM). At 24 – 28 weeks gestation or earlier if high risk. At 6 – 12 weeks postpartum, then annually.</p>