



Idaho Adult Type 2 Diabetes Practice Guidelines 2009

Supporting Organizations

- Blue Cross of Idaho
- Cassia Regional Medical Center
- Diabetes & Internal Medicine Associates
- Humphreys Diabetes Center
- Idaho Academy of Family Physicians
- Idaho Diabetes Prevention and Control Program
- Idaho Medicaid
- Idaho Primary Care Association
- North Idaho Health Network
- Primary Health Medical Group
- St. Luke's Internal Medicine
- Qualis Health
- Regence Blue Shield of Idaho
- Saint Alphonsus Medical Group

Frequency	Procedure/Test	Action or Goal
Every Visit	Interval history	Review glucose testing log, hypoglycemic episodes, and tobacco use
	Blood pressure	< 130/80 mmHg
	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 (ACEI/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 (<6%) 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	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	LDL= < 100 mg/dl; <70mg/dl if CVD or at risk HDL = men: > 40 mg/dl, women: > 50 mg/dl
	Retinal eye exam	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 www.diabetes.org/cpr or contact the ADA at 1.800.DIABETES.

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

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