

Diabetes Care Standing Orders



This tool is based upon the 2006 American Diabetes Association's Clinical Practice Recommendations. It is not intended to replace or preclude clinical judgment or more intensive management. Use it as a reminder, to simplify ordering procedures and as a way to continually improve care to all patients with diabetes. Upon approval from the practicing physician / clinician, standing orders may be initiated by approved office staff. When instituting orders, review information from the patient and his/her chart to apply the protocol appropriately. Diabetes Care Standing Orders may be applied at any patient encounter (does not have to be a diabetes-focused visit).

1. Standing Lab Orders

- **A1c:** If most recent A1c result is more than six months old, provide/ schedule A1c test.
- **Lipid Panel:** If most recent lipid panel is more than 12 month's old, schedule patient for a fasting lipid panel. For Ages 2 to 12 with unknown history or a positive family history of hypercholesterolemia/ premature CVD event, draw lipid panel at diagnosis; otherwise at age 12, begin lipid testing at diagnosis and repeat every 5 years. If lipids abnormal, schedule annual lipid panel.
- **Microalbumin** (Omit if patient diagnosed with kidney disease): If microalbumin test is more than 12 months old, provide/obtain test (for Type 1 – initiate at 10 years of age or after 5 years of diabetes duration; for Type 2 – begin test at diagnosis).
- **Serum Creatinine:** If most recent test is more than 12 months old, schedule serum creatinine test for the estimation of glomerular filtration rate (GFR).

2. Dilated Retinal Eye Exam:

If patient does not have a dilated retinal eye exam result recorded within the last 12 months, refer patient to an eye care provider for DILATED eye exam (explain test must include dilation of the pupils and is not just a visual acuity test) (for Type 1 - begin within 3 - 5 years of diabetes diagnosis; for Type 2 – begin at diagnosis).

3. Foot Exam:

- Ask patient if they are having any foot problems and to remove shoes and socks.
- Perform a visual foot inspection each visit for abnormalities and document findings in the medical record.
- If abnormalities exist or comprehensive foot exam not documented in the past year, alert physician/clinician to perform the exam.

4. Screen all patients for eligibility for influenza and pneumococcal pneumonia immunizations

(unless contraindicated or allergic to eggs). For complete recommendations or questions, contact national immunization hotline 1-800-232-2522 <http://www.vaccines:>

- **Influenza** - If age 6 months old or older, offer "inactivated" (no live virus, no flu mist) vaccine annually beginning each October.
- **Pneumonia** - If age 2 or more, offer pneumonia vaccine (PPV 23) once in a lifetime (with a one time revaccination after age 65 if first dose given before age 65 and 5 or more years have passed since that dose).

5. Self-Management Goals:

Ask the patient if he/she has any self-management goals (self-care practices that the patient completes or is working toward to improve their diabetes care). If the patient has no goals, alert the physician/clinician to discuss and assist the patient with setting reasonable goals. Document the goals in the medical record.

Approved:

Physician Signature

Date