STANDING ORDERS – PLANNED VISITS
DIABETES MELLITUS – Type II

Patient Label

Date: ____________________

	Performed? Y	Performed? N	Action	Result
PHYSICAL EXAM	☐	☐	Weight and BMI every visit	Wt:_________lbs Ht:____________inches
	☐	☐	Blood Pressure every visit	
	☐	☐	Foot check at every visit (on back of form)	BP:______________BMI:______________
LABORATORY TESTS	☐	☐	HbA1C every 3-6 months, or ____	
	☐	☐	Fasting Lipid profile every 1 year, or___________________________________	
	☐	☐	Urine Microalbumin/Creatinine ratio every 1 year , or ____________________	
	☐	☐	Creatinine every 1 year, or ____	
IMMUNIZATIONS	☐	☐	Flu Shot (Influenza) every 1 year	
	☐	☐	Tdap once, if less than 65 years AND $\geq$ 10 years since last Td	
	☐	☐	Pneumococcal Vaccine 1 time dose	
			Revaccinate 1 time if the patient is: $\geq$ 65 years old and if the 1st dose was given at < 65 years and greater than 5 years ago	
REFERRALS	☐	☐	Ophthalmology dilated exam every 1 year	
	☐	☐	Podiatry Referral	
	☐	☐	Diabetes Group RN/RD Education -offer every 1 year, if poor glycemic control.	
	☐	☐	Diabetes group medical visits – offer every 4 months.	
SELF MANAGEMENT GOAL SETTING & SUPPORT	☐	☐	Set Self-Management Goal with patient; see Action Plan form	
	☐	☐	Pedometer *Would you like to discover how active you are? Do you see yourself using a pedometer?*	
OTHER	☐	☐	Update CDEMS form and enter data	
	☐	☐	Diabetes education material offered	
	☐	☐	Referrals to Community Resources if indicated	
	☐	☐	Discuss smoking cessation if indicated	

HW/RN Signature ________________________	**Date** __________________________
PCP Signature:______________________________	**Date**:___________________________

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