

Diabetes Care Standing Orders



Patient Name: _____ DOB: _____

Type of Diabetes: 1 2 (circle one) Year of Diabetes Diagnosis: _____

This tool is based upon the 2013 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 A1C result not available within past 2-3 months, provide/schedule A1C test.
- **Lipid Panel: A.** If most recent lipid panel is more than 12 months old: schedule for a fasting lipid panel. (Can extend to every 2 years with low-risk lipid values - LDL < 100 mg/dl, HDL >50 mg/dl, triglycerides < 140 mg/dl). **B.** For ages 2 to 10 with unknown history/positive family history of hypercholesterolemia/premature CVD event: draw lipid panel soon after diagnosis and after glucose control is established. **C.** Otherwise at age 10: begin lipid testing soon after diagnosis and glucose control is established, and repeat every 5 years. **D.** If lipids abnormal: schedule annual lipid panel.
- **Assess Urine Albumin Excretion:** If test for urine albumin excretion is more than 12 months old, provide/obtain test (for Type 1 – initiate at ≥ 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 all adults to estimate glomerular filtration rate (GFR) and stage the level of chronic kidney disease, if present.

2. Dilated Retinal Eye Exam:

If no dilated retinal eye exam result recorded within the last 12 months, refer to an eye care provider for DILATED and comprehensive eye examination (for Type 1 – age 10 years or older, begin within 5 years of diabetes diagnosis; for Type 2 – begin at diagnosis).

3. Foot Exam:

- Ask if having any foot problems each visit. If yes, perform a visual foot inspection and document findings in the medical record.
- Perform comprehensive foot exam if not documented in the past year, alert physician/clinician to perform the exam.

4. Immunizations:

Screen all patients for eligibility. For complete recommendations or questions, contact national immunization hotline 1-800-232-4636 or <http://www.vaccines.gov>.

- **Influenza:** If age 6 months old or older: offer "inactivated" (no live virus, no flu mist) vaccine annually beginning as soon as available.
- **Pneumonia:** If age 2 or more: offer pneumonia vaccine (PPV 23) once in a lifetime (with a one time revaccination after age 64 if first dose given before age 65 and > 5 years have passed since that dose).
- **Hepatitis B:** If age 19-59: offer the series to unvaccinated adults. If age ≥ 60 , alert physician /clinician to consider administration assessing risk and likelihood of an adequate immune response.

5. Self-Management Goals:

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

Approved: _____

Physician Signature

Date