



NEW FOR 2011!

New Mexico Adult Diabetes Practice Guideline

Every visit	
Take interval history	<ul style="list-style-type: none"> Review glucose testing log, hypoglycemic episodes, and tobacco use. Advise all not to smoke. Offer tobacco cessation
Measure blood pressure	<ul style="list-style-type: none"> BP goal is <130/80 mmHg
Obtain weight	<ul style="list-style-type: none"> Weigh. Calculate BMI. Consider measuring waist circumference. If BMI >25, offer options to achieve healthy weight
Perform complete foot assessment	<ul style="list-style-type: none"> Inspect, check pulses, conduct monofilament exam. Refer patients who smoke, have loss of protective sensation/structural abnormalities, or hx of leg/foot complications to foot care specialists.
Consult with client and review, adjust and/or administer drug therapy	<ul style="list-style-type: none"> Glucose lowering agents HTN therapy with ACEI/ARB; tailor diuretic to GFR* ACEI/ARB for nephropathy Statin drugs as needed Vaccines: Flu & pneumococcal Antiplatelet agents as primary prevention if 10 yr cardiovascular risk >10%; as secondary prevention if established CVD
Quarterly to semi-annually	
Test A1C	<ul style="list-style-type: none"> Measure A1C every 3 months or twice yearly if in good control Goal: A1C <7% appropriate in general. Lower A1C may be appropriate for selected patients, as long as significant hypoglycemia is avoided. Setting an A1C goal >7% may be preferable for patients with advanced diabetes complications, CVD, co-morbidities, reduced life span, or significant hypoglycemia*
At least once each year	
Review patient knowledge of nutrition and self-management	<ul style="list-style-type: none"> Provide or refer: training in self-management, nutrition, physical activity Counsel on importance of scheduling regular dental exams
Annually	
Perform complete foot assessment	<ul style="list-style-type: none"> Inspect, check pulses, conduct monofilament exam
Perform nephropathy screening	<ul style="list-style-type: none"> For patients without known nephropathy, screen for albuminuria. Normal: < 30 mg of albumin per gram of creatinine Measure serum creatinine to estimate GFR If nephropathy present, treat and monitor, or refer to nephrologist
Obtain lipid profile	<ul style="list-style-type: none"> Primary goal: LDL < 100 mg/dl. LDL < 70 mg/dl if CVD or high risk Desirable: HDL > 40 mg/dl* Triglycerides < 150 mg/dl
Arrange retinal eye exam	<ul style="list-style-type: none"> Dilated retinal exam by eye care professional*

This guideline is based on the recommendations of the American Diabetes Association and summarizes core care elements appropriate to most adults with diabetes. This guideline should not be construed as representing standards of care nor a substitute for individualized evaluation and treatment based on clinical circumstances. This guideline was developed by *New Mexico Health Care Takes On Diabetes*, a non-profit corporation comprising a broad coalition of New Mexico diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health and the New Mexico Medical Review Association.

*Detailed recommendations on this complex topic are available at www.diabetes.org.

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