SERVIER

The Diabetes Annual Cycle of Care

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	SIP requirements	Tests/Targets	Level at which action required
Every Visit	**Medication review**	▪ Check compliance – appropriate choice of drug and dosage eg. patients should be on aspirin unless contra-indications	▪ Initiate treatment according to best practice guidelines eg. Or as other outlines, such as Metformin – start slow on low dosage 250mg (with meals) & adjust as required
Every Visit	**Smoking & Alcohol**	▪ If smoking, offer counselling program ▪ Limit alcohol intake – Men (2 x serves) & Women (1 x serve) of standard drinks per day, and two alcohol-free days per week	
Every Visit	**Lifestyle modifications**	▪ Encourage moderate physical activity – ½ hour exercise every day (even if it is done 10 minutes at a time) will be of benefit ▪ Advise about dietary guidelines & supply support literature	
Every Visit	**Education**	▪ Ongoing education essential for long-term health benefits. ▪ Use patient held record & information sheets ▪ Consider referral to Diabetes Educator/Dietician	
3 Monthly	**Blood pressure** Measure at Diagnosis & every visit	▪ Systolic 125-30mmHg ▪ Diastolic 80-85mmHg ▪ If proteinuria >1g/24hrs aim for <125/75mmHg ▪ Creatinine <0.14	▪ If BP > 130/85 ▪ Non-pharmacological interventions ▪ If pharmacology required ACE inhibitors (first line treatment) unless contraindicated
3 Monthly	**Weight**	▪ BMI ≤25	▪ Set realistic goals ▪ Aim to loose 10% of Body weight ▪ Note: Weight loss of 5% is sufficient to improve insulin sensitivity
3 Monthly	**HbA1C** Measure at diagnosis & every: 3-6mths for IDDM 6-12mths for NIDDM once adequately controlled	▪ Aim for ≤7% ▪ Fasting glucose <6 & postprandial glucose 4-8 mmol/L	▪ If ≥8% (improve diabetes control) ▪ If unstable or modifying treatment, conduct more regular tests (to a maximum of 4 per year) ▪ Review medication (add insulin) referral to diabetes educator
6 Monthly	**Foot Care** At Diagnosis & then examine feet every 6mths	▪ Presence of foot pulses (Dorsalis & Post. Tibial) ▪ Check for Rest Pain, Claudication & Paresthesia ▪ Assess for neuropathy with 10g monofilament ▪ Look for active foot problems or foot deformity	▪ Foot ulceration or significant infection – refer for urgent multidisciplinary treatment ▪ If "high risk foot" or active foot problem, abnormality or deformity refer to podiatrist ▪ Significant peripheral vascular disease – refer to vascular surgeon & diabetes specialist ▪ Peripheral neuropathy – refer to diabetes specialist
Annually	**Eye examination** At diagnosis & annually Children start at 5yrs after diagnosis or at puberty	▪ Minimal non-proliferative diabetic retinopathy – annual r/v by ophthalmologist or optometrist ▪ All other abnormalities – refer to ophthalmologist	
Annually	**Blood lipids** Measure at diagnosis & annually once adequately controlled	▪ Total cholesterol <4mmol/L ▪ Triglycerides < 1.5mmol/L ▪ HDL cholesterol ≥1mmol/L ▪ LDL cholesterol <2.5mmol/L	▪ Treat if total cholesterol >5, trig >2.5, HDL <1.0 ▪ Repeat test every 3-6mths ▪ Start with non-pharmacological interventions, if unsuccessful after 6mths, treat
Annually	**Renal Health** Measure micro-albuminuria at diagnosis & every year	▪ Micro-albuminuria: Normal <20 µg/min timed o/night or <20mg/L spot collection ▪ Target BP: 125/75	**If micro-albuminuria is diagnosed** ▪ Confirm 2 to 3 abnormal measurements in 6 to 12 week period ▪ Consider treatment with ACE inhibitor ▪ Consider referral to renal physician ▪ If hypertension coexists treat as per BP guidelines **Confirmed or established micro-albuminuria** ▪ Total proteinuria (>0.54/24hrs) ▪ Measure renal function (GFR) ▪ Treat with ACE inhibitor ▪ Consider treatment with (ACE 1/AT2) ▪ Consider referral to renal physician
Annually	**Please note: This information has been collated in accordance with the latest recommendations as described in RACGP "Diabetes Management in General Practice: Guidelines fro Type 2 Diabetes 2007/8" thirteenth ed.**		

DIABETES PATIENT HELD RECORD

Patient's Name: ______________________________
D.O.B.: ______________________________
Year of Diagnosis: ______________________________
Type of Diabetes: ______________________________

Health Professional Index

GP: ______________	PH: ______________	ENDO: ______________________________	PH: ______________
DE: ______________	PH: ______________	DIET: ______________________________	PH: ______________
POD: ______________	PH: ______________	PHARM: ______________________________	PH: ______________
OPHTHAL/OPTOM: ______________________		PH: ______________________________	

3 MONTHLY							3 MONTHLY		6 MONTHLY	PLUS ONCE PER YEAR	
DATE	HEIGHT (cm)				AVE	BSLS	CURRENT MANAGEMENT	LIPIDS Annually unless abnormal, then 3 monthly	FOOT EXAM R L	RETINAL EXAM.	MICRO-ALBUMIN SCREENING
	HbA1c	BP	WEIGHT	HYPO'S Time am/pm		RANGE					
	Date: %		BMI KG	Pattern /3mths		H L		Date: Fasting: Y/N Chol: HDL: Trig: LDL: Med:	Date: Pulses: Claudication: Paresthesia: Hx of Ulcers:	Date: Exam by: Comments: Review:	Date: Speciman Type: Results: Ace Inhibitor:
	Date: %		BMI KG	Pattern /3mths		H L		Date: Fasting: Y/N Chol: HDL: Trig: LDL: Med:	Comments:		
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	Date: %		BMI KG	Pattern /3mths		H L		Date: Fasting: Y/N Chol: HDL: Trig: LDL: Med:	Comments:		
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	Date: %		BMI KG	Pattern /3mths		H L		Date: Fasting: Y/N Chol: HDL: Trig: LDL: Med:	Comments:		