



NEW FOR 2009!

New Mexico Adult Diabetes Practice Guideline

Every visit	
Take interval history	• Review glucose testing log, hypoglycemic episodes, and tobacco use
Measure blood pressure	• BP goal is <130/80 mmHg
Obtain weight	• Weigh and calculate BMI. Consider measuring waist circumference
Perform interval foot exam	• Inspect skin for signs of pressure areas and breakdown
Advise, review, adjust and/or administer medications	<ul style="list-style-type: none"> • Glucose lowering medications • HTN therapy includes ACEI/ARB; diuretic type based on GFR* • ACEI/ARB for nephropathy • Lipid lowering drugs as needed • Aspirin prophylaxis, age >40 or with CVD risk factors -weigh risk/benefit • Vaccines - Influenza & Pneumococcal
Quarterly to semi-annually	
Test A1C	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	• Inspect, check pulses, conduct monofilament exam
Perform nephropathy screening	<ul style="list-style-type: none"> • For patients without known nephropathy, screen for microalbuminuria Normal: < 30 mcg of albumin per mg creatinine • Measure serum creatinine to estimate GFR • If nephropathy present, treat and monitor, or refer to nephrology
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	• 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.

*See www.nmtod.com or www.diabetes.org for definitions and additional details.

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All CPGs are routinely reviewed at least every two years. Reviews will occur more frequently when new scientific evidence or national standards are published before the two-year review date. Refer to the Molina Healthcare Website at www.molinahealthcare.com for the most up to date information on this CPG.

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