Continuing Medical Implementation



Bridging the Care Gap

Diabetes Flowsheet

Pati	ent Name:	Health Car	rd Number:			
Age	: Co-Morbid Conditions	/Complications:				
	TESTS/PROCEDURES TARGETS/GUIDELINES		DATE OF VISIT			
	GLYCEMIC CONTROL			VALUE/F	RESULTS	
EVERY 3 MONTHS	Review blood glucose levels (Check when done)	Glucose level targets: Fasting or pre-meal glucose level 4-7 mmol/L (4-6 mmol/L if possible)				
		2hrs post-meal glucose level: 5-10 mmol/L (5-8 mmol/L if possible)				
	A1C	A1C target: ≤7% (≤6% if possible)				
	HYPERTENSION					
	BP	BP goal ≤130/80				
	OTHER					
	Weight					
	Body mass index (BMI)	BMI goal <25 (kg/m²)				
	Reinforce lifestyle counseling (smoking	g, activity, diet, stress)				
ANNUALLY (or as clinically indicated)	LIPIDS					
	TC:HDL	Target <4.0				
	LDL	Target <2.5 mmol/L				
	Triglycerides	Optimal level <1.5 mmol/L				
	RENAL Optimal level < 1.5 million/L					
	Screen for Nephropathy	Randon ACR: <2.8 mg/mmol for F <2.0 mg/mmol for M value				
		Creatinine clearance*: Normal is >90 mL/min (1.5 mL/s)				
	EYES					
	Dilated pupil exam	Refer to Ophthalmologist/Optometrist for dilated pupil exam				
	NEUROPATHY					
	Screening for peripheral sensory loss	10 g monofilament/vibration at great toe (see circled areas: indicate + if possible response or - if negative response				
	Screening for peripheral sensory loss	Assess structural abnormalities, neuropathy, vascular disease, ulcerations, evidence of infection				
	TSH					
	Check when done					
	EDUCATION					
	☐ Referral to Diabetes Education Centre (DEC)	Last DEC appointment				
	Check for the following: Erectile dysfunction Psychosocial: anxiety, depression, economic Immunization: Pneumococcal (lifetime) Influenza	Record date	See clinical progress notes			

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Medication History

Date	Oral Antidiabetic Agents	Insulin	Antihypertensives	Lipid-lowering Agents	Antiplatelet Agents	Other

CDA recommends considering combination therapy as an option to achieve target A1C within 6-12 months.^{1†} This flowsheet is based on the 2003 CDA Clinical Practice Guidelines.

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^{*} Based on the Cockcroft-Gault formula.

[†] Timely adjustments to and/or additions of oral antihyperglycemic agents and/or insulin should be made to attain target A1C within 6 to 12 months.

¹ Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes 2003;27(Suppl 2):S1-S152.