



Idaho Adult Type 2 Diabetes Clinical Practice Guidelines 2011

Supporting Organizations

Blue Cross of Idaho

Diabetes & Internal
Medicine Associates

Idaho Academy of
Family Physicians

Idaho Diabetes
Prevention and
Control Program

Idaho Primary Care
Association

Medicaid

Primary Health
Medical Group

Qualis Health

Regence Blue Shield
of Idaho

Saint Alphonsus
Medical Group

Treasure Valley
Endocrinology, P.C.
Dr. Foote

Frequency	Procedure/Test	Action or Goal	
Every Visit	Interval history	Review glucose testing log, hypoglycemic episodes, and tobacco use with patient	
	Blood pressure	< 130/80 mmHg. Individualize goals as necessary	
	Weight	Obtain weight or preferably BMI	
	Foot exam	Inspect skin for signs of pressure areas and break-down	
	Medication review and adjustment	Glucose lowering medications	
		Antihypertensives if HTN present (ACEI/ARB)	
Lipid controlling medications			
Antiplatelet therapy*			
Immunizations as indicated			
Quarterly to Semi-Annually	A1C	Test 4 times/year; 2 times/year if in good control	
		General goal: <7%. Individual patient goal: as close to normal as possible while avoiding hypoglycemia*	
At Least Once Each Year	Assessment of patient knowledge of diabetes, nutrition, and self-management skills	Provide or refer for training in self-management and nutrition as needed, based on assessment	
Annually	Foot risk assessment	Inspect, check pulses, conduct monofilament exam	
	Nephropathy screening	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	
	Lipid profile every 2 years unless abnormal	LDL= < 100 mg/dl; <70mg/dl if CVD or at risk HDL = men: > 40 mg/dl, women: > 50 mg/dl	
	Retinal eye exam every 2 years unless abnormal	Dilated retinal exam by eye care professional	
Dental exam	Counsel on importance of regular dental exams		

This guideline is in agreement with the American Diabetes Association (ADA). This guideline should not be construed as representing standards of care nor as a substitute for individualized evaluation and treatment based on clinical circumstances. For more information, including full documentation for the above clinical recommendations, consult the ADA website at http://professional.diabetes.org/CPR_search.aspx or contact the ADA at 1.800.DIABETES.

* Detailed recommendations available at: <http://care.diabetesjournals.org>.

For more information, go to
www.diabetes.idaho.gov.