

Standing orders: Kentucky Diabetes Network

<http://www.kentuckydiabetes.net/home/diabetesstandingorders.html>



Diabetes Care Standing Orders

This tool is based upon the 2009 American Diabetes Association's Clinical Practice Recommendations. It is not intended to replace or preclude clinical judgment or more intensive management. Use it as a reminder, to simplify ordering procedures and as a way to continually improve care to all patients with diabetes. Upon approval from the practicing physician / clinician, standing orders may be initiated by approved office staff. When instituting orders, review information from the patient and his/her chart to apply the protocol appropriately. Diabetes Care Standing Orders may be applied at any patient encounter (does not have to be a diabetes-focused visit).

1. Standing Lab Orders

- **A1c:** If most recent A1c result is more than six months old, provide/ schedule A1c test.
- **Lipid Panel:** If most recent lipid panel is more than 12 month's old, schedule patient for a fasting lipid panel. For ages 2 to 10 with unknown history/positive family history of hypercholesterolemia/premature CVD event, draw lipid panel soon after diagnosis (after glucose control is established); otherwise at age 10, begin lipid testing soon after diagnosis (after glucose control established) and repeat every 5 years. If lipids abnormal, schedule annual lipid panel.
- **Microalbumin (Omit if patient diagnosed with kidney disease):** If microalbumin test is more than 12 months old, provide/obtain test (for Type 1 – initiate at 10 years of age or at 5 years of diabetes duration; for Type 2 – begin test at diagnosis).
- **Serum Creatinine:** If most recent test is more than 12 months old, schedule serum creatinine test for the estimation of glomerular filtration rate (GFR).

2. **Dilated Retinal Eye Exam:** If patient does not have a dilated retinal eye exam result recorded within the last 12 months, refer patient to an eye care provider for DILATED eye exam (for Type 1 – age 10 years or older, begin within 5 years of diabetes diagnosis; for Type 2 – begin at diagnosis).

3. Foot Exam:

- Ask patient if they are having any foot problems and to remove shoes and socks.
- Perform a visual foot inspection each visit for abnormalities and document findings in the medical record.
- If abnormalities exist or comprehensive foot exam not documented in the past year, alert physician/clinician to perform the exam.

4. **Screen all patients for eligibility for influenza and pneumococcal pneumonia immunizations** (unless contraindicated or allergic to eggs). For complete recommendations or questions, contact national immunization hotline 1-800-232-2522 <http://www.vaccines.gov>:

- **Influenza** - If age 6 months old or older, offer "inactivated" (no live virus, no flu mist) vaccine annually beginning each October.
- **Pneumonia** - If age 2 or more, offer pneumonia vaccine (PPV 23) once in a lifetime (with a one time revaccination after age 65 if first dose given before age 65 and 5 or more years have passed since that dose).

5. Self-Management Goals:

Ask the patient if he/she has any self-management goals (self-care practices that the patient completes or is working toward to improve their diabetes care). If the patient has no goals, alert the physician/clinician to discuss and assist the patient with setting reasonable goals. Document the goals in the medical record.

Approved:

Physician Signature

Date

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Standing orders: Paynesville Area Health Care System

Purpose: Residents of long-term care facilities have individual needs for the care of his/her diabetes. This document when completed by the resident's provider, will guide the long-term care facility in the care of the resident's diabetes care.

Diagnosis: ___ Type 1 diabetes (250.01) ___ Type 2 diabetes (250.00) Other (please list) _____

Level of diabetes control desired (please circle)

Tight control (A1c goal at or less than 7%)	Moderate control (A1c 7.1-8%)	Non-aggressive control (A1c less than 9%)
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Scheduled laboratory testing (please circle)

A1c	every 3 months	every 6 months	every 12 month	none
Lipids (fasting)	every 6 months	every 1 year		not needed
Microalbumin	yearly	not needed		

Scheduled referrals (please circle)

Podiatry	every 3 months	every 6 months	every 12 month	once	none
Ophthalmology	every 12 months	every 24 month	once	none	

Blood sugar testing (please circle)

Daily	Twice daily	Three times a day	Four times a day
Weekly	Twice weekly	Three times a week	Alternating times None

Special order _____ times a day for _____ days then per above

If on insulin, may label insulin pens/vials with – inject subq per MAR directions (this labeling is to reduce potential dosing errors due to frequent insulin order changes)

Insulin correction dosing (if ordered)

Units of rapid acting insulin ordered

<u>blood glucose (mg/dl)</u>	<u>Standard</u>	<u>Non-aggressive</u>	<u>Custom</u>
less than 60	Glucagon 1mg IM/Subq if unresponsive or if responsive: 15gm of carbohydrate source- recheck blood sugar in 15 minutes, repeat until blood sugar above 80mg/dl, contact provider		
71-150 or ___-___	0	0	_____
151-200 or ___-___	2	0	_____
201-250 or ___-___	4	2	_____
251-300 or ___-___	6	4	_____
301-350 or ___-___	8	6	_____
351-400 or ___-___	10	8	_____
Over 400 or _____	12	10	_____

If blood sugars are over 400, give insulin, recheck blood sugar in 1 hour, if still over 400, contact provider

Providers only

_____ I authorize Pharm.D to follow and assist in managing diabetes and diabetes orders

Physician Signature

Date & Time

Name imprint