


APPENDIX 3 - TYPE 2 DIABETES: PATIENT CARE PLAN

Name: _____		Date of diagnosis: _____			Type of DM: _____		
Date:	_____	_____	_____	_____	_____	_____	
QUARTERLY Procedures/Tests (Targets)							
Weight (Goal: BMI<25) Waist Circumference: _____ (Goal: F<88cm; M <102 cm)							
BP (Goal: ≤130/80)							
A1C (Goal: ≤7%, ≤ 6% if poss.)							
Review self glucose record • Preprandial (Goal: 4-7; if possible, 4-6) • Postprandial (Goal: 5-10; if possible, 4-8)							
Hypoglycemia (?frequency)							
Physical activity (moderate for 30mins/day OR 150mins/week)							
Nutrition (low fat/salt, high fibre, fruit, veg...) Dietitian referral	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral	<input type="checkbox"/> Referral	
Alcohol (≤2 drinks/day)							
MEDICATIONS (Diabetes meds, blood pressure meds, lipid-lowering agents, ASA, other)							
• Reviewed							
• Renewed							
ANNUALLY (or as clinically indicated)							
Lipids: LDL-C<2.5 TC:HDL-C <4.0							
Kidneys: Random ACR (Goal: F <2.8; M <2.0) Serum creatinine Creatinine clearance							
Foot care review  Lower extremity exam Neuropathy: 10-g monofilament/ vibration at great toe							
	Left: + - Right: + -	Left: + - Right: + -	Left: + - Right: + -	Left: + - Right: + -	Left: + - Right: + -	Left: + - Right: + -	
Retinopathy: Refer to optometrist/ophthalmologist for dilated eye exam	<input type="checkbox"/> Referral Retinopathy: <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Referral Retinopathy: <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Referral Retinopathy: <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Referral Retinopathy: <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Referral Retinopathy: <input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Referral Retinopathy: <input type="checkbox"/> Present <input type="checkbox"/> Absent	
Erectile dysfunction	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychosocial: Depression....							
Immunization: Pneumococcal (lifetime) <input type="checkbox"/>	<input type="checkbox"/> Annual influenza	<input type="checkbox"/> Annual influenza	<input type="checkbox"/> Annual influenza	<input type="checkbox"/> Annual influenza	<input type="checkbox"/> Annual influenza	<input type="checkbox"/> Annual influenza	

Adapted from: Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes* 2003;27(Suppl 2); Chinook Health Region & Alberta Clinical Practice Guideline Program, June 2000, available at: <http://www.gacguidelines.ca/index.pl?section=contact> © The Foundation for Medical Practice Education, www.fmpe.org