STANDING ORDERS DIABETES MELLITUS - Type II

Patient Name:			ров:	Date:
	Perf	ormed?	Action	Result
	Υ	N		
PHYSICAL EXAM			Weight and BMI every visit	Wt:lbs Ht:inches
			Blood Pressure every visit	BP:BMI:
			Foot check every 4 months (on	Foot Check:/
			back of form)	(left) (right)
LABORATORY			HbA1C every 4 months, or	
TESTS			Fasting Lipid profile every 1 year, or	
			Urine Microalbumin/Creatinine ratio	every 1 year , or
			Creatinine every 1 year, or	
IMMUNIZATIONS			Flu Shot (Influenza) every 1 year	
			Td every 10 years	
			Pneumococcal Vaccine 1 time dose	e
			ago	as given at < 65 years and greater than 5 years
REFERRALS			Ophthalmology dilated exam every 1 year	
			Diabetes education (Boldt Diabetes -offer every 1 year, if poor glycemic	,
			Diabetes group visit (SPFP) – offer	every 4 months.
SELF MANAGEMENT GOAL SETTING & SUPPORT			Set Self-Management Goal with patient and record on CDEMS form including likelihood of success score (LOS score)	What/where: How much:
			Complete MA call back card for 2 to 3 weeks to review and refine self	
			management goal	How often:
			Pedometer Would you like to discover how active you are? Do you see yourself using a pedometer?	• Score:
OTHER			Update CDEMS form and enter dat	a ————————————————————————————————————
			Schedule appointment with PCP within 1 week (15 min. EST.)	
			Diabetes education material offered	
	Call back card for planned visit in 4 months		months	
			Discuss smoking cessation if indicated	
MA/RN Signature Date				
PCP Signature:			Date:	