Diabetes Standards of Care and Resources for Clinicians and Educators
Recommendations At-a-Glance

Component	Care/Test/Screening	Frequency/Which Patients ("At diagnosis"=when *diabetes* is diagnosed)
General Recommendations for Care	Perform diabetes-focused visit Review care plan: assess goals/strengths/barriers Assess nutrition, physical activity, BMI, and growth in youth	Every 3-6 months Each visit, revise as needed Each visit
Aspirin or Other Antiplatelet Therapy	Aspirin therapy 75-162 mg/day (unless contraindicated, or at increased risk of bleeding)	Prescribe if known ASCVD *Consider* if no known ASCVD but at increased risk for ASCVD (e.g., age 50-70 and 1 or more risk factors for ASCVD)
Autonomic Neuropathy	Assess CV symptoms; resting tachycardia, exercise intolerance, orthostatic hypotension Assess GI symptoms; gastroparesis, constipation, diarrhea Assess sexual health/function for men and women	At diagnosis, then annually At diagnosis, then annually At diagnosis, then annually
Behavioral Health	Assess emotional health (e.g., depression, substance abuse)	At diagnosis, then annually
Blood Pressure	Check blood pressure Adult and Adolescents aged ≥ 13 years goal: <130/<80 mmHg Children aged < 13 years goal: varies with age	Each visit
Eye Care	Comprehensive dilated eye exam by an eye care professional or retinal imaging	At diagnosis, then annually or as directed by an eye care professional
Foot Care	Visual inspection of feet with shoes and socks off Perform comprehensive lower extremity/foot exam Screen for PAD (consider ABI)	Each visit; stress daily self-exam At diagnosis, then annually At diagnosis, then annually
Glycemic Control	Check A1C, set/review individualized goal Address medication adherence, hypoglycemia Review SMBG and/or CGM results, if prescribed	Every 3-6 months Each visit Each visit
Hepatitis C Screening	Screen for hepatitis C with a hepatitis C antibody test	At least once for persons ≥ 18 years
Immunizations	Hepatitis B, influenza, pneumococcus, shingles, tetanus/diphtheria/pertussis	See Immunizations Standard of Care for schedules
Kidney Care	Check UACR Check serum creatinine and estimated GFR If HTN/CKD, prescribe ACE Inhibitor or ARB unless contraindicated	At diagnosis, then at least annually At diagnosis, then at least annually
Lipid Management	Check fasting lipid profile Lifestyle therapy Statin therapy	At diagnosis, then annually, as needed All patients with diabetes Patients with diabetes aged 40-75 and those with ASCVD regardless of age
Nutrition	Provide nutrition education and support (health care team) Refer to RD for MNT, if available	At diagnosis, then annually or more as needed At diagnosis, then annually or more as needed
Oral Care	Inspection of gums/teeth Dental exam by dental professional	At diagnosis, then at least annually At diagnosis, then at least annually
Preconception, Pregnancy, and Postpartum Care	Ask about reproductive intentions/assess contraception Provide preconception counseling Screen for undiagnosed type 2 diabetes Screen for GDM in all women not known to have diabetes Screen for type 2 diabetes in women who had GDM	At diagnosis, then each visit 3-4 months prior to conception At first prenatal visit At 24-28 weeks gestation At 6-12 weeks postpartum, then every 1-3 years lifelong
Tobacco Use	Assess smoking, oral tobacco use, e-cigarette use, and exposure to secondhand smoke For tobacco users, provide cessation counseling	Screen annually Each visit
Tuberculosis Screening	Screen for TB with a skin or blood test	At least once after diabetes diagnosis