

Division of Diabetes Treatment and Prevention

Standards of Care and Clinical Practice Recommendations: Type 2 Diabetes Recommendations At-a-Glance

Component	Care/Test/Screening	Frequency/Which Patients ("At diagnosis"=when <i>diabetes</i> 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	Prescribe if known CVD Consider if 10-year CVD risk >10% Clinical judgment if 10-year CVD risk 5-10%
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 regularly
Blood Pressure	Check blood pressure Adult goal: <140/<90 mmHg Youth goal: Varies with age	Each visit
Eye Care	Retinal imaging or dilated eye exam by ophthalmologist or optometrist	At diagnosis, then annually; or as directed by eye specialist
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 Review medications, ask about hypoglycemia If prescribed, review SMBG data	Every 3-6 months Each visit Each visit
Immunizations	Hepatitis B, influenza, pneumococcal, tetanus/diphtheria, zoster	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 annually At diagnosis, then annually
Lipid Management	Check lipid profile Lifestyle therapy Statin therapy	At diagnosis, then annually as needed All patients with diabetes Patients with diabetes 40-75 years of age and those with CVD regardless of age
Nutrition	Provide nutrition education and support Refer to RD for MNT, if available	At diagnosis, then annually or more as needed
Oral Care	Inspection of gums/teeth Dental exam by dental professional	At diagnosis, then each visit At diagnosis, then every 6-12 months
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
Self-Management Education	Refer to diabetes educator	At diagnosis, then every 6-12 months or more as needed
Tobacco Use	Assess smoking, e-cigarette, oral tobacco use	Each visit: Ask, Advise, Assess, Assist, Arrange