

## A Guide to Virtual Check-in and Visit for Adults with Diabetes during the COVID-19 Pandemic

### A. Brief Telephone or Telehealth Visit

For a quick check-in with patients who may initiate the call or who need to be contacted (document verbal consent for virtual visit)

Pre-visit review of information from the medical record:

- Complications and other conditions (e.g., heart disease, renal disease, HTN)
- Medications and supplies: number of refills and expiration dates
- Latest laboratory data: including A1C and eGFR

Patient Encounter:

- General health: How are they feeling? Are they doing well?
- Risk for COVID-19 illness: fever, cough, or shortness of breath. Potential exposure to anyone who may have COVID-19.
- Blood sugar (BS) assessment:
  - Symptoms of hyperglycemia or hypoglycemia
  - If patient checks BS levels, ask about frequency and timing of monitoring, high or low blood sugar readings, 7-day average.
- Review medications and supplies: taking medications as prescribed; sufficient supplies and refills.
- Assess patients for potential social isolation, food insecurity, and depression.
- Recommendations:
  - Determine whether there is need for an urgent in-person visit
  - Review plan for diabetes management, medications, and BS monitoring
  - Address other concerns or problems
  - Schedule follow up as appropriate: e.g., additional telephone or telehealth evaluation

#### **Remind all patients of the need to safeguard against coronavirus exposure**

- **Good hygiene:** wash your hands often; clean surfaces with anti-bacterial/anti-viral disinfectants; cover cough/sneezes with your elbow or a tissue (throw used tissues in the trash)
- **Social distancing:** stay at home as much as possible except for essential activities (grocery store, pharmacy, etc), and keep a distance of 6 feet away from others
- **Cover mouth and nose with a cloth face cover when out in public**

**Review sick day advice:** In the event of mild symptoms, patients should stay well hydrated, continue their medications, and monitor their blood sugars more frequently (if testing). Advise patients to contact the clinic if symptoms worsen.

## B. Detailed Telephone or Telehealth Visit

For routine diabetes care (document verbal consent for virtual visit)

### Pre-visit Review of Information from the Medical Record

- Assessment and plans from last in-person or virtual visit
- Complications and other conditions (e.g., heart disease, renal disease, severe obesity, HTN)
- Medications and supplies: number of refills and expiration dates
- Latest laboratory data: including A1C and eGFR

### Virtual Patient Visit

#### Subjective information

- General health: How are they feeling? Are they doing well?
- Risk for COVID-19 illness: fever, cough, or shortness of breath. Potential exposure to anyone who may have COVID-19.
- Symptoms of hyperglycemia and hypoglycemia
- Concerns or problems related to diabetes or other conditions
- Concerns or problems related to medications
- Diet and nutrition: 24-hour food recall with emphasis on carbohydrate intake
- Physical activity: type, frequency and duration
- Social support, risk for social isolation or food insecurity
- Mental health concerns

#### Objective information

- Self-Monitoring of Blood Sugar (SMBG): review logs, BS book, or APP records (if available)
- Measurements: temperature, blood pressure, weight, and O2 saturation (if available)
- Physical findings: visualize if possible and appropriate

#### Assessment and Plans

- Patient with an acute illness
  - Determine need for urgent in-person visit or for additional telephone or telehealth evaluation
  - For mild COVID-19 or other illnesses, provide sick day instructions: stay well hydrated, monitor BS levels more frequently (if testing), continue medications but be aware of increased risk of hypoglycemia with sulfonylurea or insulin, and use non-NSAID anti-pyretic agents. Contact clinic if symptoms worsen.
- Interim diabetes care plan and goal setting
  - SMBG- frequency of testing and blood glucose target levels
  - Nutrition and physical activity- diet and/or activities
  - Medications\*- changes, refills and supplies (longer refill options, mail delivery)
- Disposition
  - Referral for services as needed (Community Health Representative, Public Health Nurse, behavioral health, social services, or community resources)
  - Schedule follow up appointment with provider, diabetes educator, or dietitian.

\*In patients with COVID-19 illness, consider discontinuation of SGLT-2 inhibitors to reduce the potential for DKA, and consider holding GLP-1 RAs in patients with gastrointestinal complaints. Patients should monitor their BS levels more frequently if these agents are stopped.

**Remind all patients of the pandemic and the need to safeguard against coronavirus exposure.**

- **Good hygiene:** hand washing; clean surfaces with anti-bacterial/anti-viral disinfectants; cover cough/sneezes with your elbow or a tissue (dispose properly)
- **Social distancing:** stay at home as much as possible except for essential activities (grocery store, pharmacy, etc), and keep a distance of 6 feet away from others
- **Cover mouth and nose with a cloth face cover when out in public**

Developed by the IHS Division of Diabetes Treatment and Prevention, 04/10/2020