

# Diabetes Care Standing Orders



These guidelines are for adults with type 1 or type 2 diabetes, and are based on the American Diabetes Association-Standards of Medical Care in Diabetes-2020. Please note that clinical guidelines change quickly and this document is an example of standing orders; this is not an exhaustive list. They may need to be modified, based upon your patient population and current guidelines. To find the most current Standards of Care visit the ADA website (<https://professional.diabetes.org/content-page/practice-guidelines-resources>).

## 1. Standing Lab Orders:

- **A1C:** If A1C result not available within past 2-3 months obtain A1C. If not meeting glycemic targets, schedule quarterly. If meeting glycemic targets, schedule at least twice/year.
- **Lipid Panel:** Lipid profile at initial visit and every 5 years thereafter if under the age of 40 and not on statin therapy. If on statin therapy, obtain lipid profile at initiation of statins (or other lipid lowering therapy), 4-12 weeks after initiation, and then annually.
- **Assess Urine Albumin Excretion:** If test for urine albumin excretion is more than 12 months old, provide/obtain test (for Type 1 – initiate at >5 years of diabetes duration; for Type 2 – begin test at diagnosis).
- **Serum Creatinine:** If most recent test is more than 12 months old, schedule serum creatinine test for all adults to estimate glomerular filtration rate (eGFR) and stage the level of chronic kidney disease, if present.

\*If urine albumin is > 30mg/g creatinine and/or eGFR < 60 mL/min/1.73 m<sup>2</sup> screen every 6 months

## 2. Diabetes Self-Management Education and Support (DSMES) refer annually\*\*

## 3. Medical Nutrition Therapy refer annually\*\*

- ## 4. Dilated Eye Exam:
- If retinal exam results are not available within the past year, refer for dilated eye exam in all persons with type 2 diabetes and persons with type 1 diabetes 5 years after diagnosis, then annually.

- ## 5. Comprehensive Foot Exam:
- If not documented in the past year, perform comprehensive foot exam, and then annually thereafter. If history of ulceration or sensory loss, visually inspect feet at every visit.

## 6. Immunizations:

- a. Flu vaccine annually for those  $\geq 6$  months of age.
- b. Pneumonia: 13-valent pneumococcal conjugate vaccine (PCV 13)  $\geq 2$  years of age  
23-valent pneumococcal polysaccharide PPSV 23 ages  $\geq 2$  years of age.  
At  $\geq 65$  a booster of PPSV 23
- c. Hepatitis B series for unvaccinated adults age 19-59. Consider the three part series for adults  $\geq 60$ .

## 7. Dental Exam: Refer annually

\*\* DSMES and MNT require the signature of a MD or DO for patients with Medicare

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