Intensive Chronic Case Management
Diabetes Assessment, Referrals and Resources

Introduction

This diabetes assessment, referral and resource manual was developed by Janay Floyd, RN, University of Washington Master in Nursing student with consultation from the Intensive Chronic Case Project (ICCM) project manager. The intent of this manual is to provide evidence based practice guidelines, nursing assessment tools, client and caregiver education materials and journal articles with supporting evidence, for use with the ICCM clients.

Based on the review of the data from predictive modeling and claims data, diabetes, and the management of diabetes is the primary diagnosis of our clients enrolled in the ICCM project. Considering the scope of diabetes and the ability to impact the outcome of this chronic illness, this resource manual will provide useful information and resources for the nursing staff. As additional resources are used or new practices are recommended this manual can be updated.

Resources and Citations

Please see attached references and citations list.

Diabetes Action Plan

Each of the clients in the ICCM project with diabetes or pre-diabetes will be assessed and offered a three part action plan. This plan includes:

1. Testing and management of A1c (7 or less)
2. Testing and control of blood pressure. (130/80 or less)
3. Testing and management of cholesterol. (LDL 100 or less)
4. Following a diabetic food plan.
5. Getting physical activity 3 x week for 20 to 30 minutes.
6. Stop smoking.
7. Taking medications as prescribed.
8. Checking feet every day for skin changes.
9. Dental care twice a year.
10. Home blood glucose monitoring as recommended.

The most difficult step for most clients to control diabetes is the first step; setting a goal, and then making a plan to meet that goal. The ICCM can assist clients in goal setting and providing interventions supported by the client’s health care provider to achieve the goal(s). One of the resource tools included in this resource manual is “My Action Plan”. Each diabetic client should work with their nurse to create an action plan, and share that with caregivers, family, friends and health care providers.

National Diabetes Quality Improvement Alliance Performance Measurement Set for Adult Diabetes (January 21, 2005); www.nationaldiabetesalliance.org

Importance for patient care	Recommendation	Treatment Goals
A1c management Intensive management of glycosylated hemoglobin reduces the risk of microvascular complications.	Performed at initial assessment and every three months for poorly controlled diabetes, and twice yearly for well controlled diabetes.	A1c < 7
Lipid management Persons with diabetes are at higher risk of coronary heart disease. Lowering serum cholesterol levels can reduce the risk for CHD events.	Fasting lipid profile is obtained at initial assessment. Levels should be repeated every year, and two years if levels fall in lower risk levels.	Total cholesterol < 200 LDL < 100 HDL > 45 Triglycerides <150
Urine Protein Screening Diabetes is the leading cause of end stage renal disease, diabetic nephropathy accounting for one-third of all cases of ESRD. The earliest evidence of renal disease is the appearance of low, but abnormal levels of albumin in the urine.	A test for the presence of microalbumineria should be performed at diagnosis in patients with type 2 diabetes, and annually thereafter.	Urine test positive for albumin and measure of creatinine to albumin ratio.
Eye Examination Retinopathy is a serious threat to vision. The prevalence of retinopathy is strongly related to the duration of diabetes.	Dilated eye exam be completed initially and annually. The level of exam and frequency should be determined the ophthalmologist.	
Foot Examination **Persons with diabetes are at higher risk of foot ulcers and amputations.**	Foot exam to occur annually to identify high risk foot conditions; assessment of protective sensation, foot structure, vascular status, and skin integrity. Perform a visual inspection of client's feet at each routine visit.	People with neuropathy should have visual inspection of their feet at every contact with a health care professional.
Influenza immunization Persons with diabetes are considered to be at higher risk of complications, hospitalization and death from influenza and pneumonia.	Influenza vaccine is recommended for patients with diabetes beginning each September.	
Blood Pressure Management Intensive control of blood pressure in patients with	Blood pressure should be measured at every routine diabetes visit. Clients with systolic > 130 or diastolic >	Systolic < 130 Diastolic < 80 Treatment with an ACE

Importance for patient care	Recommendation	Treatment Goals
diabetes reduces diabetes complications, deaths, strokes, heart failure, and microvascular complications.	80 should have blood pressure confirmed on a separate day. Orthostatic measurement of blood pressure should be performed to assess for the presence of autonomic neuropathy.	inhibitor or ARB. If needed thiazide diuretic should be added.
Aspirin Use Daily low dose aspirin therapy is important for both primary and secondary prevention of cerebral and cardiac events.	Aspirin therapy is recommended as a secondary prevention strategy for diabetics who have evidence of large vessel disease; hx of MI, vascular bypass, stroke or TIA, PVD, claudication and/or angina.	Please refer to guidelines for aspirin therapy precautions, and recommended dosages.
Smoking cessation	Assessment of tobacco use. Referral of clients to smoking cessation programs.	