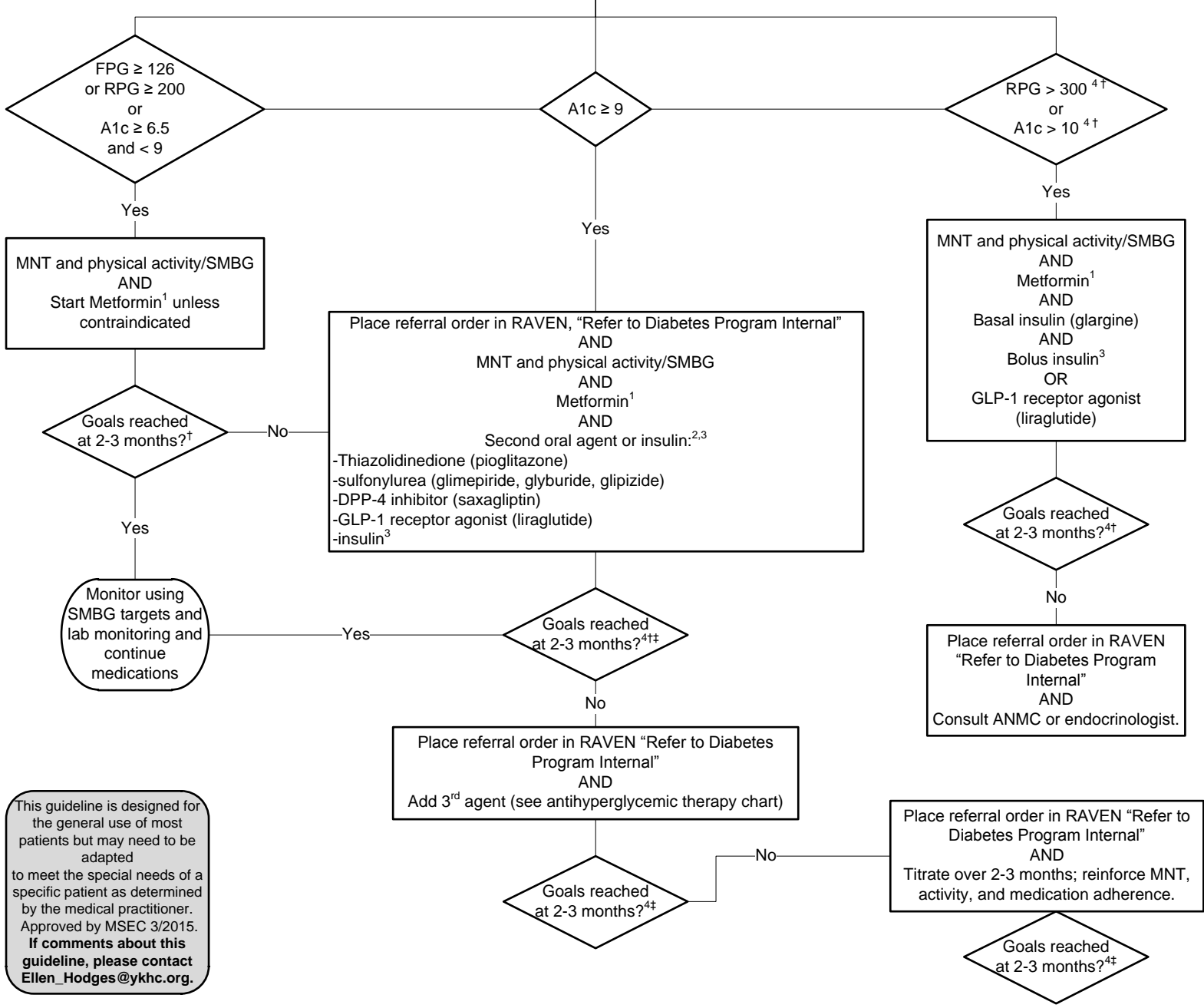




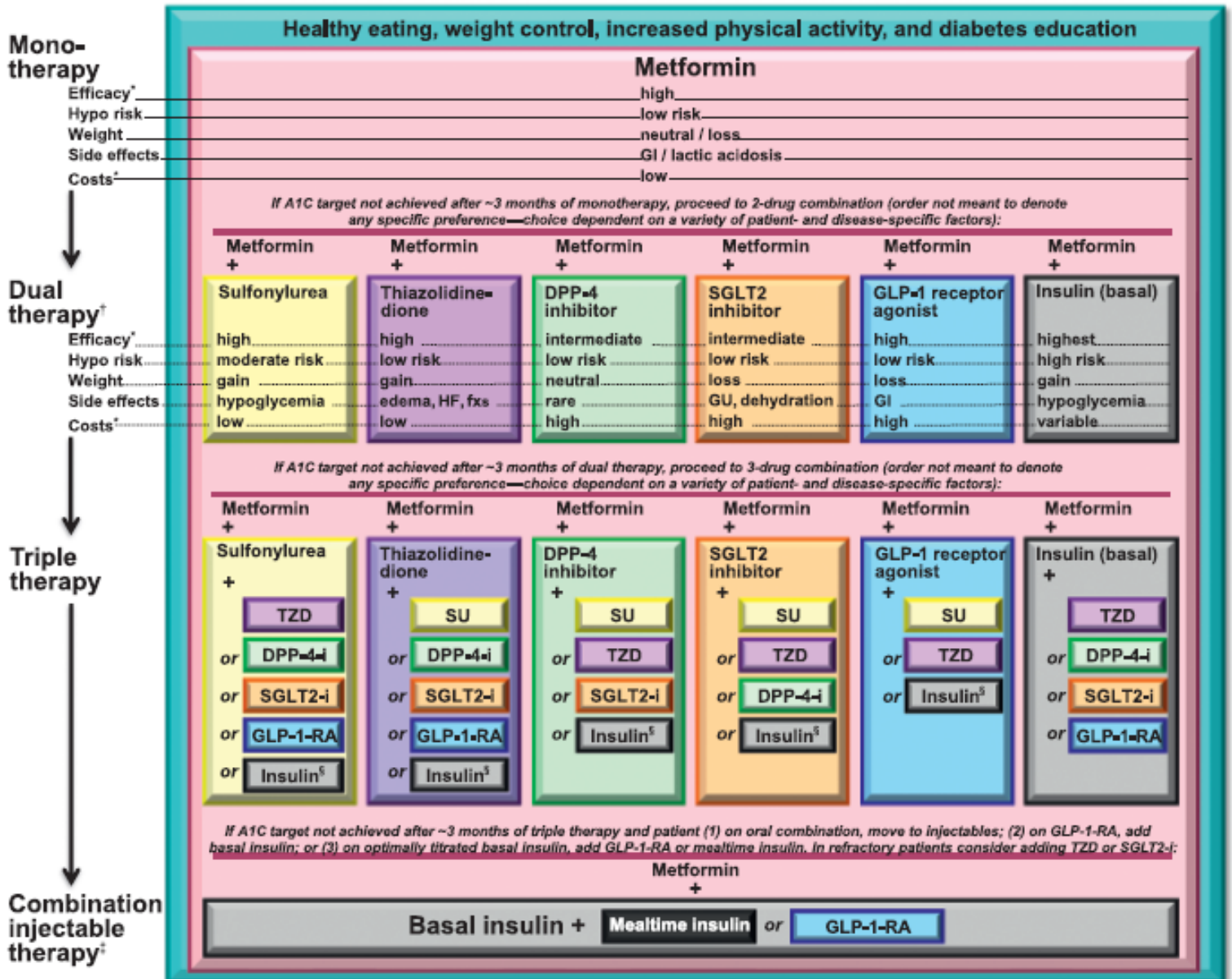
Diagnostic Criteria
 Hemoglobin A1c $\geq 6.5^*$
 or
 Fasting plasma glucose (FPG) ≥ 126 mg/dL*
 or
 One random plasma glucose (RPG) ≥ 200 mg/dL with classic symptoms of hyperglycemia or hyperglycemic crisis
 or
 2 hour 75 g oral glucose tolerance test ≥ 200 mg/dL*
**In the absence of unequivocal signs of hyperglycemia, results should be confirmed by repeat testing.*

Abbreviations
 MNT: Medical Nutrition Therapy
 SMBG: Self-Monitored Blood Glucose
 PPG: Post-Prandial Glucose

1. Consider completing Pownote Note Pathway "Diabetes, Type 2" and include: weight, height, BP, tobacco & EtOH Hx; perform foot exam; discuss mental health and sexuality; add to Problem List in RAVEN.
2. Consider completing Diabetes Power Plan and order A1c, lipids (fasting or non-fasting), CMP, CUA and urine microalbumin, EKG (if not obtained in the last five years); update immunizations; place PPD; and refer to Optometry and Dental Internal.
3. Establish treatment goals with patient.^{†‡}
4. Consider statin, ASA, ACE, or ARB.
5. Consider ordering glucometer and strips.
6. Refer to Diabetes Program by calling 543-6133 or cell 545-2649 for same day counseling appointments AND placing referral order in RAVEN: "Refer to Diabetes Program Internal."
7. Place future lab orders (A1c in three months).
8. Place "Bethel Follow-Up" or "<village name> Follow-Up" order in RAVEN.



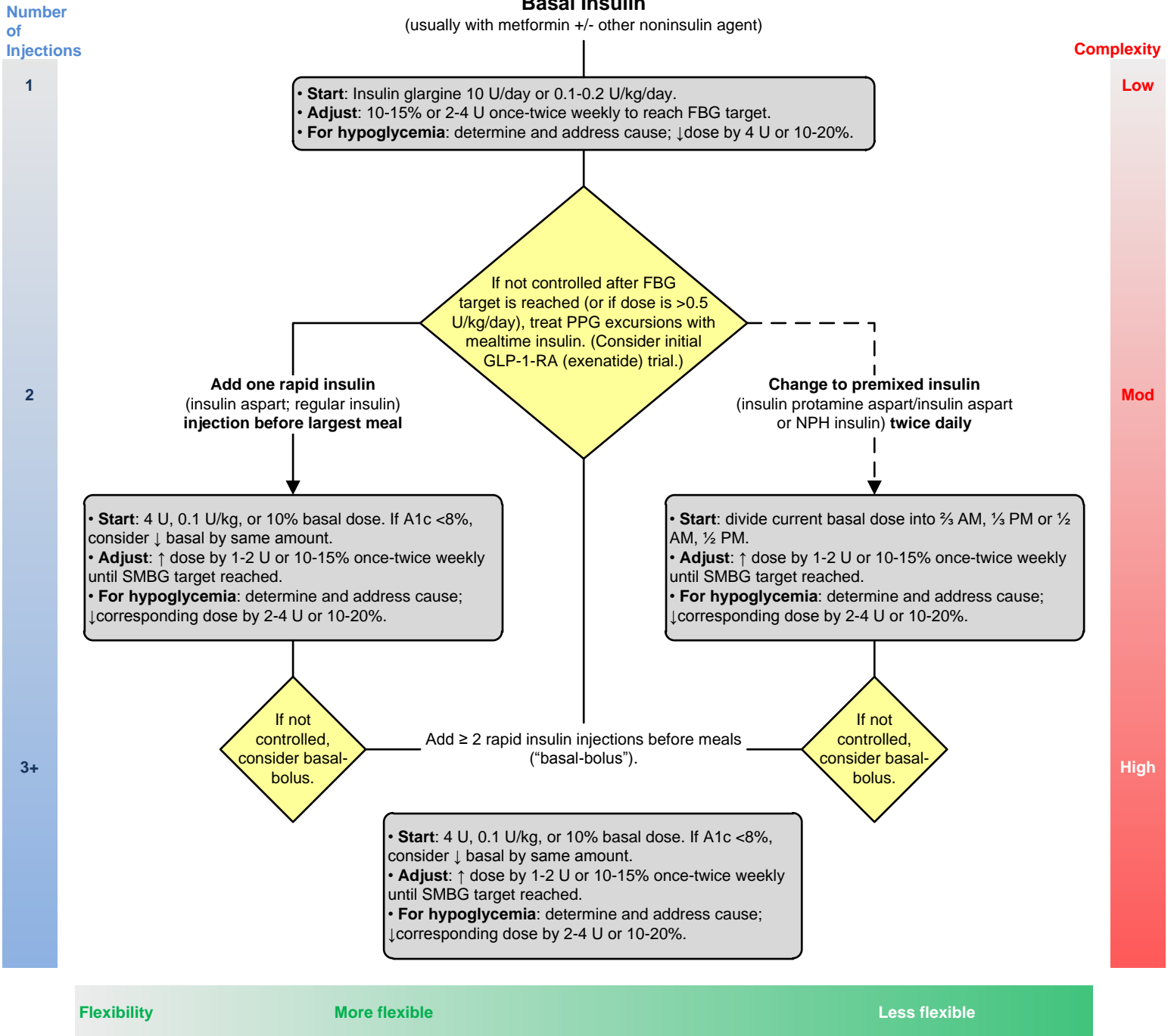
This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved by MSEC 3/2015. If comments about this guideline, please contact Ellen_Hodges@ykhc.org.



References

1. ADA 2014 Guidelines; Metformin: Preferred initial therapy (if tolerated and not contraindicated)
 2. ADA 2014 Guidelines: Add second oral agent, GLP-1 receptor agonist, or insulin if non-insulin monotherapy at maximum tolerated dose does not achieve or maintain A1c target over three months.
 3. ADA 2014 Guidelines: Consider insulin therapy with or without other agents at outset in newly diagnosed patients with markedly symptomatic and/or elevated BG levels of A1c.
 4. ADA 2015 Standards of Care: Summary of glycemic recommendations for non-pregnant adults with diabetes.
- † More or less stringent glycemic controls may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, co-morbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations. (See Glycemic Targets Chart on the Document Library.)
- ‡ Post-prandial glucose may be targeted if A1c goals are not met despite reaching pre-prandial glucose goals.

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