

Guidelines of Medical Care for Pediatric Patients with Diabetes (1) (Rev. 06/2007) (Previous editions obsolete.)

These are guidelines to be adapted into the clinician's practice recommended by the Nebraska Diabetes Consensus Guidelines

Patient Name: _____ Date of Birth: ___/___/___ Year of Diagnosis: _____

Attended Diabetes Self-Management Classes: Yes ___ No ___ If yes, When/Where: _____

Follow-up Education with CDE/RD: Yes ___ No ___ If yes, When/Where: _____

Complications: _____

*Frequency may be every diabetes-related visit – to be determined by physician

Indicators	Frequency*	Goals (1)	Date: / /	Date: / /	Date: / /	Date: / /
Height	Every Visit					
Weight or BMI Percentage	Every Visit					
Tanner Stage	Yearly					
Blood Pressure	Every Visit	Age specific guidelines				
Foot Exam/Pulses (2)	Every Visit					
Skin/injection Sites	Every Visit					
Blood Glucose	Every Visit					
Review of Self-Blood Glucose Monitoring Record (3)	Every Visit	Age specific guidelines				
Review/Update Current Meds	Every Visit					
Tobacco Use Status -Using/Doesn't Use -Smoking Cessation if using	Every Visit					
A1c (Hemoglobin A1c)	Every Three Months	Minimum goal <7%				
Referred for Dental Exam	Bi-annual	Exam Date/Dentist:				
Annual Exam/History Update	Yearly					
Abdominal Exam	Yearly					
Neurological Exam/Depression Screening	Yearly					
Cardiac Assessment/Pulses	Yearly					
Thyroid Assessment (4)	Yearly					
Referred for Dilated Eye Exam (5)	Yearly	Exam Date/Physician:				
Total Cholesterol (6)	Yearly	<170 mg/dl				
HDL-C (6)	Yearly					
Triglycerides (6)	Yearly					
Calculated or Measured LDL Assessment (6)	Yearly	<100 mg/dl (6)				
Random spot urine for albumin /creatinine ratio or 24-hour urine for micro albumin (7)	Yearly	<30 ug/mg creatinine <30 mg/24 hr				
Influenza Vaccine	Yearly	Date/location:				
Pneumococcal Vaccination (8)	(8)	Date/location:				
Celiac Disease (9)	(9)					

- (1) Based on American Diabetes Assoc. Standards of Medical Care for Patients W/ Diabetes Mellitus. *Diabetes Care* 30 (Suppl. 1): Jan 07.
- (2) Annual comprehensive foot exam.
- (3) Daytime: <5 years. 100-200; >5 yrs. 70-150 or as determined by physician; nighttime: <5 years. 150-200; >5 yrs. 120-180 or as determined by physician.
- (4) Thyroid function tests annually with type 1; type 2, at time of diagnosis and as indicated.
- (5) ADA: once child is ≥ 10 years old & has had diabetes for 3-5 years; annual follow-up. AAP: 3-5 years after diagnosis if >9 years old and annually thereafter. Pediatric Endocrinologist: dilated eye exam first year after diagnosis; not annually until adolescence or after puberty.
- (6) Perform a fasting lipid panel on all children >2 years at the time of diagnosis (after glucose control has been established); if values are within normal levels and family history is not a concern, follow-up is recommended at 5-year intervals thereafter. (Nebraska Diabetes Consensus Guidelines Task Force recommendation.)
- (7) Annual screening once child is 10 years of age. (Nebraska Diabetes Consensus Guidelines Task Force recommendation.)
- (8) Centers for Disease Control & Prevention Guidelines.
- (9) Children with positive antibodies should be referred to a gastroenterologist for evaluation. Children with confirmed celiac disease should have consultation with a dietician and placed on a gluten-free diet.