SUMMARY

Goals¹

- **A1C Goal:** < 7-8% - personalize based on patient factors (See Attachment 1)
- **Blood Sugar:**
  - Fix the fasting first (goal glucose 80-130 mg/dl)
  - Then fix pre-prandial (goal glucose 80-130 mg/dl)
  - Then fix post-prandial (goal glucose ≤ 180 mg/dl)
- **Blood Pressure (BP) < 140/90** Lower target for some patients (See page 5)
- **Statin treatment goal** based on age and presence of known Atherosclerotic Cardiovascular Disease (ASCVD). (See page 6)

Alerts

- **BLOOD SUGAR < 70 mg/dl**
- **BLOOD SUGAR > 400 mg/dl**
- **ALTED LEVEL OF CONSCIOUSNESS**

Diagnostic Criteria²

**Test A1C**

- **Pre-Diabetes** 5.7 - 6.4%
- **Diabetes (DM)** ≥ 6.5%

**Test Fasting Plasma Glucose**

- **Pre-Diabetes** 100 - 125 mg/dl
- **Diabetes (DM)** ≥ 126 mg/dl
- **Gestational Diabetes** ≥ 92 mg/dl, 1 hr ≥ 180 mg/dl, 2 hr ≥ 153 mg/dl

**Test Random Plasma Glucose**

- **Diabetes (DM)** ≥ 200 mg/dl

*In the absence of unequivocal hyperglycemia, results should be confirmed by repeat testing. Only diagnostic in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis.

Initial Evaluation

**History**

- Complete clinical history including Cardiovascular Risk (CV)
- Factors and 10 year CV risk calculation (See page 8)
- End organ sequelae: Retinopathy, nephropathy, neuropathy,
- ASCVD, Peripheral Vascular Disease (PVD),
- Cerebrovascular Disease
- Fingerstick blood sugar (FSBS) logs
- Symptoms of hypoglycemia
- Patient self-management capacity
- Medications
- Patient concerns/compliance with meds

**Physical Exam**

- Vitals: especially BP and Body Mass Index (BMI)
- Fundoscopic (Ensure screening done)
- Cardiovascular
- Peripheral vascular – pulses
- Foot exam – quick check for wound risk, comprehensive monofilament test annually (See Attachment 2, page 18)
Diagnostics

- Baseline A1C
- Fasting lipid panel
- Spot urine Albumin to Creatinine ratio
- Creatinine (Cr)
- TSH

**MONITORING**

- PCP/Care Team visits as clinically appropriate
- A1C at goal: at least every 180 days, or as clinically appropriate
- A1C NOT at goal: at least every 90 days – more frequently if actively titrating meds (See page 7)
- Watch for risk of Clinical Inertia: Set goals, actively titrate until at goal

¹2018 ADA Standards of Care, Diabetes Care, Vol 41, Supplement 1, January 2018.
²Adapted from ADA Standards of Medical Care in Diabetes 2018, Abridged for Primary Care Providers, Page 2, Table 1, Criteria for the Screening and Diagnosis of Diabetes