

DIABETES OUTPATIENT CARE FLOW SHEET

Patient Name: _____

Diabetes Diagnosis: Type I Type II

Vaccinations (Pneumococcal and COVID-19): _____

Date of Birth: _____

Date of Diagnosis: _____

NB: One-time re-vaccination of Pneumovax23 recommended for individuals >65yo if original vaccine was administered when they were <65yo and >5 years earlier.

* Required for Diabetes Management Incentive (K030 and Q040 (if criteria met))

Required Elements of Diabetes Care		Date:	
3 TO 6 MONTHS	Glycemic Control	Laboratory values (FBG, random glucose, HbA1c) Home readings (capillary blood glucose (CBG), intermittently scanned/real-time continuous glucose monitoring (time in range)) (Targets (or individualize): A1C ≤ 7%; FBG 4-7; 2hr post-prandial BG 5-10) <i>Indicate values/dates →</i>	Lab: FBG: Random BG: HbA1c: Home:
		Hypoglycemic Episodes (CBG <4) (frequency/pattern/driving risk) <i>Indicate yes / no →</i>	
		List antihyperglycemic medications / start date <i>Indicate changes →</i>	
	Blood Pressure Control / Vascular	BP target ≤ 130/80 mmHg <i>Indicate value →</i>	BP: HR:
		List antihypertensive medications / start date <i>Indicate changes →</i>	
		Consider ASA (if CVD) and ACE inhibitor/ARB (if CVD, age ≥ 55 with additional CV risk factor(s), or diabetes complications)	<input type="checkbox"/> ASA <input type="checkbox"/> ACE Inhibitor/ARB
	Other	BMI (Target 18.5-24.9 kg/m ²) Waist circumference: ≤ 40" (102cm) ♂ / ≤ 35" (88 cm) ♀ (Consider Ethnic-specific numbers) <i>Indicate values →</i>	Wt (kg): Ht (cm): BMI (kg/m ²): WC (cm):
		Motivational Counselling (Nutrition: healthy dietary pattern (ex. Mediterranean diet, low glycemic index) (Exercise: aerobic 150 mins/week, resistance 2-3x/week) (Mental Health screen: ex. Diabetes Distress Scale (DDS), PHQ-9, or GAD-7) <i>Indicate lifestyle / behavioural factors →</i>	<input type="checkbox"/> Nutrition <input type="checkbox"/> Exercise <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Mental health/Memory
		Collaborative Goal Setting <i>Indicate goal →</i>	
	ANNUALLY AND / OR AS INDICATED	Lipid Control	LDL < 2.0 mmol/L (or >50% reduction from baseline) (statin indicated (regardless of baseline LDL) for: age ≥ 40; age ≥ 30 and DM > 15 years; microvascular or macrovascular complications, if warranted based on 2021 CCS Lipid Guidelines) <i>Indicate LDL value/dates →</i>
List lipid-lowering medications / start date <i>Indicate changes →</i>			
Complication Risk Assessment		Change in Clinical Status? -Cardiorenal disease (ASCVD, CKD, HF) or age >60 years with ≥ 2 CV risk factors? (consider SGLT2i and/or GLP1RA as indicated) -Reassess (glycemic targets, med dosing, de-prescribing, side effects, etc)	
		Dilated Eye Exam (DM1 (q1yr); DM2 (q1-2yr); as per eyecare provider) Completed yes / no →	Date:
		Renal Urine ACR <2 mg/mmol <i>Indicate value →</i> Serum Cr, eGFR <i>Indicate value →</i>	Urine ACR: Serum Cr: eGFR (or CrCl):
		Foot Exam <i>Indicate normal/abnormal →</i>	
		Neurologic Exam (10-g monofilament or 128-Hz tuning fork) <i>Indicate normal/abnormal →</i>	
		Erectile Dysfunction <i>Indicate normal/abnormal/N/A →</i>	
		Electrocardiogram (consider q3-5yrs if age >40 or DM complications) <i>Indicate Date →</i>	
		Annual Influenza Immunization <i>Indicate Date →</i>	
PLAN	Education / self-management training (ex. Diabetes Education Centre, Driving, Pregnancy, Sick-Day management, Hypoglycemia, etc). Referred yes/no →		
	-Medication Adjustment(s)		
	-Education/Self-Management/Referrals -Follow-up Plan (bloodwork req for next visit)		