

DIABETES PARTNERSHIP WORKBOOK



Funded through and Educational Grant from Sanofi-Aventis U.S. LLC

General Information

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

In Case of Emergency, Please Notify: _____

Phone: _____ Cell: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Second Emergency Contact: _____

Phone: _____ Cell: _____ Relationship: _____

Health Care Power of Attorney Name: _____

Address: _____

Phone: _____ Cell: _____

Allergies

X	ALLERGY	REACTION	X	ALLERGY	REACTION
	None Known			Penicillin	
	Latex			Aspirin	
	Demerol				
	Codeine				
	Morphine				
	Sulfa				
	Insect Stings				

DIABETES DASHBOARD

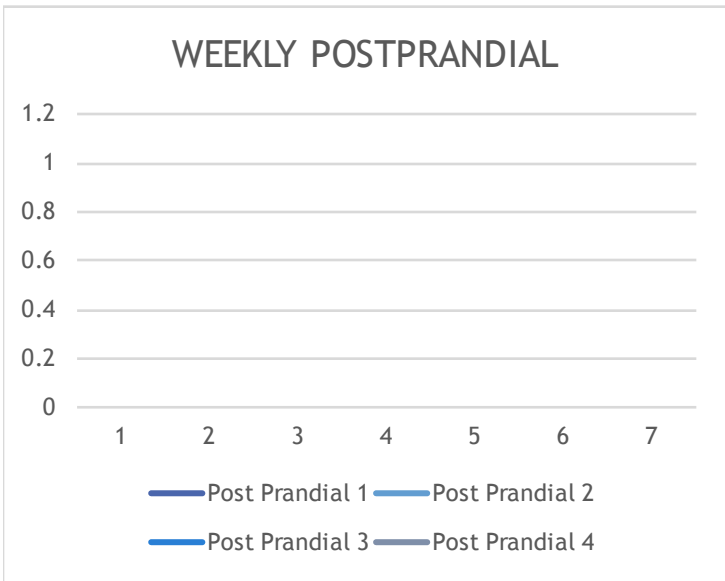
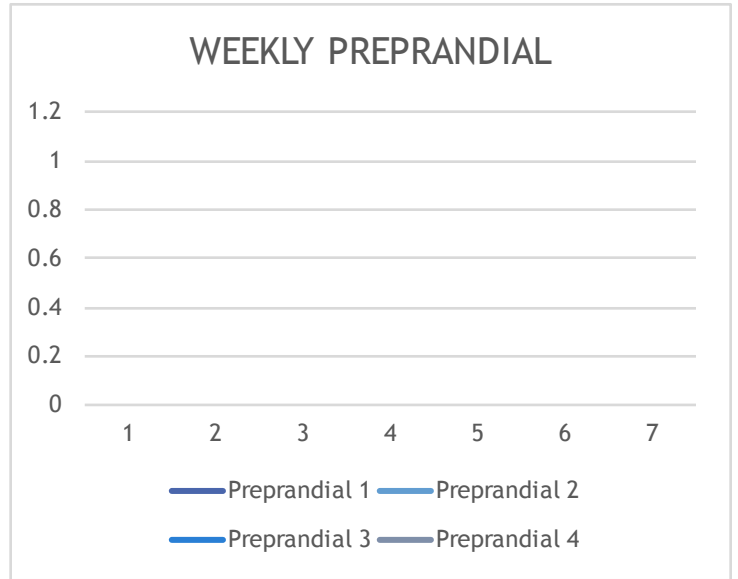
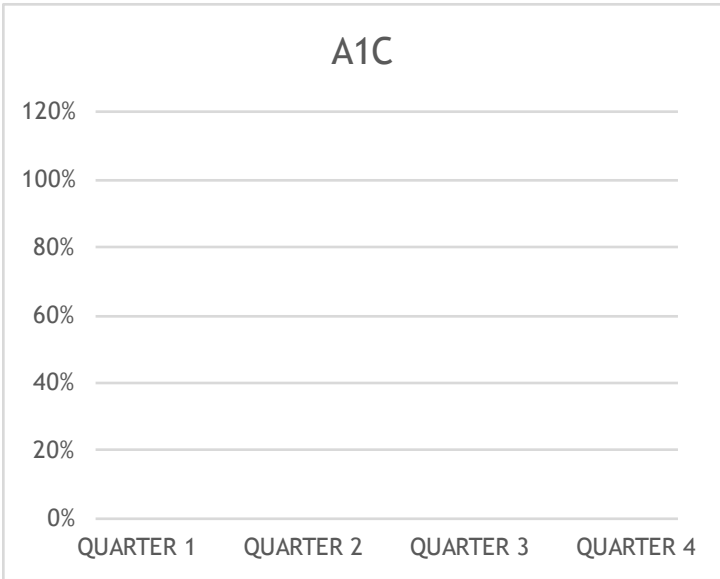
Name _____

MRN _____

DOB _____

Gender Male

Female



DIABETES KEY PERFORMANCE INDICATORS

Name _____

MRN _____

DOB _____

Gender Male

Female

Criteria for Diagnosing Type 2 Diabetes

Fasting Plasma Glucose greater than or equal to 126 mg/dL
after greater than or equal to 8 hours of fasting

FPG _____

Or

Two hour plasma glucose greater than or equal to
200 mg/dL 2 hrs after ingesting a 75-g oral glucose load
in the morning after greater than or equal to an 8 hour
overnight fast

2-hr PG _____

Or

Random Plasma Glucose greater than or equal to 200
mg/dL plus hyperglycemia symptoms of polyuria,
polydipsia, or polyphagia

RPG _____

Or

Hemoglobin A1C greater than or equal to 6.5%

HbA1C _____

Criteria for Diagnosing Prediabetes

Fasting plasma glucose between 100-125 mg/dL after
greater than or equal to 8 hours of fasting

FPG _____

Or

Two hour plasma glucose between 140-199 mg/dL 2 hrs
after ingesting a 75-g oral glucose load in the morning
after greater than or equal to an 8 hour overnight fast

2-hr PG _____

Or

Hemoglobin A1C between 5.5-6.4%

HbA1C _____

DIABETES KEY PERFORMANCE INDICATORS

Name _____

MRN _____

DOB _____

Gender Male Female

Glycemic Target for Nonpregnant Adults

Hemoglobin A1C less than or equal to 6.5% HbA1C _____

To achieve this target

Fasting plasma glucose less than 110 mg/dL FPG _____

and

Two hour post-prandial glucose less than 140 mg/dL 2-hr PPG _____

Inpatient Glycemic Target for Nonpregnant Adults

Hospitalized individuals with hyperglycemia in the ICU should target a glucose of 140-180 mg/dL Glucose _____

Hospitalized individuals with hyperglycemia not in the ICU should target a premeal glucose less than 140 mg/dL and a Premeal PG _____

random plasma glucose of less than 180 mg/dL Random PG _____

Physical Activity

Greater than or equal to 150 minutes per week of moderate-intensity exercise Weekly Exercise _____

Dyslipidemia Targets in Patient with Diabetes

Treatment targets a LDL-C less than 70 mg/dL LDL-C _____

Treatment targets non-HDL-C less than 100 mg/dL non-HDL-C _____

Blood Pressure Target in Patient with Diabetes

Blood pressure goal of 130/80 mmHg BP _____

DIABETES VISIT WORKSHEET

Name _____

MRN _____

DOB _____

Gender Male Female

CRITERIA	FREQUENCY	VISIT DATE / /	VISIT DATE / /	VISIT DATE / /
History and Physical Exam	Annually or at the discretion of clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure <i>Goal:</i>	Every visit	<input type="checkbox"/> BP:	<input type="checkbox"/> BP:	<input type="checkbox"/> BP:
Weight & BMI <i>Goal:</i>	Every visit	<input type="checkbox"/> Wt: <input type="checkbox"/> BMI:	<input type="checkbox"/> Wt: <input type="checkbox"/> BMI	<input type="checkbox"/> Wt: <input type="checkbox"/> BMI
Foot Examination	Every visit	<input type="checkbox"/> Sensory <input type="checkbox"/> Pulses	<input type="checkbox"/> Sensory <input type="checkbox"/> Pulses	<input type="checkbox"/> Sensory <input type="checkbox"/> Pulses
Dilated Retinal Exam	Annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	Every six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C <i>Goal:</i>	Every three months	<input type="checkbox"/> A1C:	<input type="checkbox"/> A1C:	<input type="checkbox"/> A1C:
Fasting Lipid Panel <i>Goal:</i>	Every three months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine Microalbumin/Creatinine Ratio	Annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serum Creatinine	Annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccine <i>October 1-March 31</i>	Annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Self-Management Education (DSME)	Every visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Management Goal Assessment	Every visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nutrition Therapy (MNT)	Every visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of Hyper/Hypoglycemia	Every visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of Current Medications and Medication Adherence	Every visit	<input type="checkbox"/> Insulin <input type="checkbox"/> ACEI/ARB <input type="checkbox"/> Statin <input type="checkbox"/> ASA	<input type="checkbox"/> Insulin <input type="checkbox"/> ACEI/ARB <input type="checkbox"/> Statin <input type="checkbox"/> ASA	<input type="checkbox"/> Insulin <input type="checkbox"/> ACEI/ARB <input type="checkbox"/> Statin <input type="checkbox"/> ASA
Comments				
Signature/Initials				

DIABETES GLYCEMIC WORKSHEET

Name _____

MRN _____

DOB _____

Gender Male Female

HbA1C (A1C): Reflects the average blood sugar level over the past 3 months. The A1C test measures what percentage of the hemoglobin (a protein in red blood cells that carries oxygen) is coated with sugar. *Goal: Less than 7%*

Preprandial: Prior to a meal. *Goal: 80-130 mg/dL*

Post Prandial: After a meal. *Goal: Less than 180 mg/dL*

**AVERAGE
PRE-
PRANDIAL
BLOOD
GLUCOSE**

**AVERAGE
POST-
PRANDIAL
BLOOD
GLUCOSE**

AVERAGE A1C

	QUARTER 1		QUARTER 2		QUARTER 3		QUARTER 4
A1C							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
Preprandial 1							
Post Prandial 1							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
Preprandial 2							
Post Prandial 2							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
Preprandial 3							
Post Prandial 3							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
Preprandial 4							
Post Prandial 4							

DIABETES DIET WORKSHEET

Name _____

MRN _____

DOB _____

Gender Male

Female

HEIGHT (in)

BMI

My goal is to consume _____ calories per day.

My goal is to consume _____ fat grams per day.

AVERAGE WEIGHT			AVERAGE CALORIES		AVERAGE GRAMS OF CARBS		
AVERAGE GRAMS OF FAT							
	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7
WEIGHT (kg)							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
CALORIES							
GRAMS OF CARBS							
GRAMS OF FAT							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
CALORIES							
GRAMS OF CARBS							
GRAMS OF FAT							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
CALORIES							
GRAMS OF CARBS							
GRAMS OF FAT							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
CALORIES							
GRAMS OF CARBS							
GRAMS OF FAT							

DIABETES EXERCISE WORKSHEET

Name _____

MRN _____

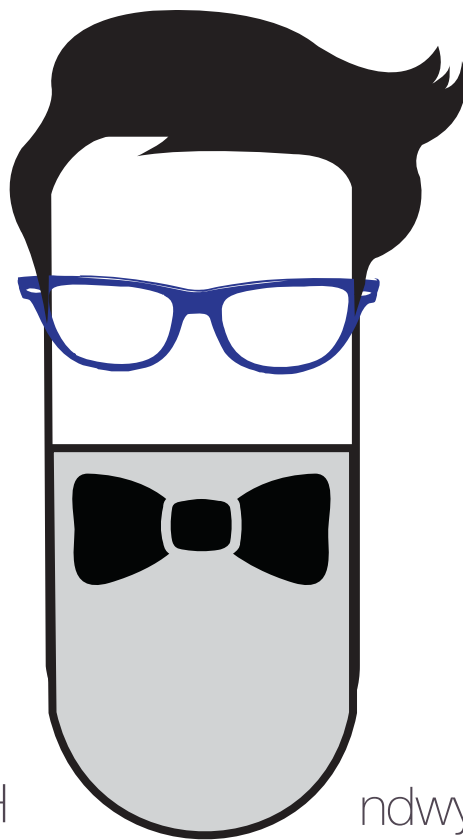
DOB _____

Gender Male

Female

Perform at least 150 min/week of moderate-intensity aerobic physical activity spread over greater than or equal to 3 days per week with less than or equal to 2 consecutive days without exercise.

	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
Physical Activity							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
Physical Activity							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
Physical Activity							
	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /	DATE / /
Physical Activity							



STAY IN TOUCH

ndwyatt@mac.com