



Diabetes Progress Note Instructions for PCPs & NP/PAs

Last Visit: 10/28/2004

Date: 10/28/2004

Weight (pds): 245

Height (inches): 71.00

BP Sys/Dia: 122/78

This Visit:

Date: _____

Weight (pds): _____

Height (inches): _____

BP Sys/Dia: _____

Touch Every Life Progress Note 42366

Name: Mouse, Mickey Standing Order in Effect

Address: 123 Main Street Portland, ME 04101

DOB: 08/27/1945 Sex: M Age: 59 BMI: 34.00 Phone: (207) 555-5555

PLanguage: _____ Ethnicity: _____ PCP: Ervin, William

Other: _____

PHx: F/SHx:

MedList: Allergies:

Review of Systems: (Level 3 - check at least one pertinent negative, document positives below)

Constitutional Eyes ENT CVS Resp Allergic GI

GU Skin Neuro Psych Endo Musc/skel Heme

Conditions	Dx	D/C	Add
DM-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DM-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H1N	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperlipidemia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Dis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meds	Rx	Intolerant	D/C	Add
ACB Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP Med	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glitazones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipid Agent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metformin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meglitinide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonylurea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Labs	I.Date	I.Result	NDate	NResult
HbA1C	10/22/2004	7.10		
MAU/Crea ratio	12/10/2003	24.00		
24HrUrineProtein(mg)				
Ser Creatinine	10/22/2004	1.80		
Potassium	10/22/2004	4.40		
Cholesterol	10/22/2004	190.00		
Triglyceride	10/22/2004	232.00		
HDL	10/22/2004	37.00		
LDL	10/22/2004	88.00		

Services	I.Date	Location/Other	NDate	Ref	Decl	Notes
SeldMonitrBG	10/28/2004			<input type="checkbox"/>	<input type="checkbox"/>	
DM Educ	06/24/2004	Intermed		<input type="checkbox"/>	<input type="checkbox"/>	
SM Goal	10/28/2004-smke ces	Achieved		<input type="checkbox"/>	<input type="checkbox"/>	
Retinal Ex	02/17/2004			<input type="checkbox"/>	<input type="checkbox"/>	
Foot chk	10/28/2004			<input type="checkbox"/>	<input type="checkbox"/>	
Smke Ass	10/28/2004-Former			<input type="checkbox"/>	<input type="checkbox"/>	
Smke Ce Counseling	12/16/2003			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flu Vac	10/28/2004			<input type="checkbox"/>	<input type="checkbox"/>	
Pne Vac	10/01/2003			<input type="checkbox"/>	<input type="checkbox"/>	
Risk Assmt-Glaxo	09/03/2003			<input type="checkbox"/>	<input type="checkbox"/>	

1. Conditions:
To be noted by PCP*

2. Medications: to be reviewed by PCP with patient (checking DC for discontinued or Add for additions).** MA may review with patient and document in advance.

Optional: Review of Systems and reference to chart for coding documentation

4. Services:

Annual Retinal Exam: must have form indicating dilated eye exam

Annual Foot Check: monofilament and inspection required

Annual Smk Assessment: -yes, no or former.

Smk Cessation Counseling: - if yes above, Ref, Decl, date completed

Annual SMGoal: Review progress on SMG discussed previously with NP/PA or refers for the same.

NP/PA to note date when SMGoal is discussed

3. Labs are electronically populated if the labs are done in house. PCP to check if HbA1c, urinary evaluations for protein, and lipid evaluations are overdue. If due for test instruct MA.

Notes: used to record useful information not to be tracked (e.g. 1/12/2005 Patient on dialysis)

* See definitions attached

** See medication classifications attached

Distribute Page 2 with trend data to patient.



TEL Diabetes Definitions

Diabetes mellitus type I	To have fasting blood sugar > 126; 2 hr blood sugar > 200; or random blood sugar > 200 with symptoms.	Autoimmune mediated, insulin deficient, ketosis prone, insulin therapy required initially or early in treatment. Generally less than 40 years old.
Diabetes mellitus type II		Insulin resistant, generally obese, and greater than 40 years old. Initially hyperinsulinemia, then insulin deficient over time.
Diabetes, prediabetes		Abnormal fasting glucose (fasting sugars 100-126) or abnormal glucose tolerance (two-hour blood sugar 140-200)
Nephropathy		Microalbuminuria or greater protein loss or documented renal insufficiency. (Microalbuminuria=greater than 30 mg per 24 hours on two separate occasions in a six-month interval.)
Neuropathy		Peripheral neuropathy, with hyperesthesia, abnormal monofilament testing. Autonomic neuropathy, with documented abnormal gastric emptying, or impotence.
Retinopathy		Presence of microaneurysms or further progression noted. (Would not include cataracts alone.)
Heart		Ischemic coronary artery disease or ischemic cardiomyopathy.
Hypertension		Blood pressure greater than 140/90.
Vascular disease		Documented peripheral vascular disease via Doppler study, angiogram study, or clear-cut clinical evidence (stroke, ischemic, extremities).
Hyperlipidemia		Total cholesterol greater than 200. Triglycerides greater than 150. HDL cholesterol less than 40. LDL cholesterol greater than 130.

Figure 3.

SMGoal: Self Management Goal is to be checked ONLY if the patient has met with one of our diabetes trained NP/PAs or an ADEF Provider and has completed a Diabetes Healthy Changes Plan.

DM Educ: Diabetes Education. ADEF program or intensive diabetes education with one of the trained NP/PAs within the group.