# Diabetes pocketcard Set

## Diabetes Risk Test (break per American Diabetes Association 2007)

| Parameter | Points | Parameter | Points |
|---|---|---|---|
| • Age | | • BMI ≥ 27 kg/m² | |
|   Age ≥ 65 years | | • One or more parents with DM | |
|   Age 45–64 years | | • One or more siblings with DM | |
|   Age < 65 years and little or no physical activity in most weeks | | • Women who have delivered a macrosomic (> 9lb) infant | |
|   Age 18–44 years | | | |

**Interpretation:** Sum of parameter points 0–2 very low risk, 3–9 low to medium risk, 10+ high risk; the higher the score, the higher the risk of having diabetes NOW.

## Screening for Diabetes

- Screen annually if > 30 yr and risk factors for T2DM
- Use 2-h GTT(preferred) or fasting plasma glucose
- A1c not recommended for screening
- Screen all pregnant women at 24–28 weeks; at 20 weeks if high risk
- Use GTT of pregnant, 1 or 2 hr after 75 g oral glucose load

## Criteria for the Diagnosis of Diabetes* (Standards of Medical Care in Diabetes, ADA 2008)

**Symptoms of hyperglycemia and casual plasma glucose ≥ 200 mg/dl (11.1 mmol/l)**

(Symptoms any time of the day without regard to time since last meal; classic symptoms include polyuria, polydipsia, unexplained weight loss)

*or*

**Fasting plasma glucose (FPG) ≥ 126 mg/dl (7.0 mmol/l)**

(No caloric intake for at least 8h)

*or*

**2-h plasma glucose ≥ 200 mg/dl (11.1 mmol/l) during a 75-g oral glucose tolerance test (OGTT)**

*\* Confirm abnormal results unless unequivocal hyperglycemia*

## Clinical Interpretation of Plasma Glucose Concentrations

| FPG | 2-h OGTT | Interpretation |
|---|---|---|
| < 100 mg/dl | < 140 mg/dl | Normal |
| 100–125 mg/dl | 140–199 mg/dl | IFG/IGT/pre-diabetes |
| ≥ 126 mg/dl | ≥ 200 mg/dl | Overt DM |

IFG = impaired fasting glucose; IGT = impaired glucose tolerance

## Components of Comprehensive Diabetes Evaluation (Stand. of Med. Care 2008)

### Medical history
- Age and characteristics of onset of diabetes
- Growth and development in children and adolescents
- Nutrition status and weight history
- Diabetes education history, previous treatment
- Current treatment (medication, meal plan, SMBG* results)
- Hypoglycemia episodes
- History of diabetes-related complications (eye, kidney, nerve, cardiac, CVD, PAD, sexual dysfunction, gastroparesis)

*\* self-monitoring of blood glucose*

### Physical examination
- Blood pressure
- BMI, weight
- Funduscopic examination
  - Thyroid palpation
  - Skin examination
  - Neurological and foot examination
  - Palpation of the pulses (dorsalis pedis and posterior tibial)
  - Presence/absence of patellar and Achilles reflexes
  - Determination of vibration, proprioception and monofilament sensation
  - Cardiac examination

### Lab. evaluation
- A1c
- Serum Cr, eGFR
- Liver function test – TSH
- AUCD on spot (UA/microalbuminuria)
- Fasting lipid profile, LDL, HDL, trig

### Referrals
- Dietitian
- Dental exam and annual eye exam
- Family planning
- Diabetes self-management education
- Specialist as needed

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**Borm Bruckmeier Publishing**

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understand connections between genes and heart disease Pharmacology tables present important drug related information at a glance A guide to cardiac abbreviations and acronyms gives nurses quick access to essential information **Bittersweet** Chris Feudtner,2004-01-21 One of medicine s most remarkable therapeutic triumphs was the discovery of insulin in 1921 The drug produced astonishing results rescuing children and adults from the deadly grip of diabetes But as Chris Feudtner demonstrates the subsequent transformation of the disease from a fatal condition into a chronic illness is a story of success tinged with irony a revealing saga that illuminates the complex human consequences of medical intervention Bittersweet chronicles this history of diabetes through the compelling perspectives of people who lived with this disease Drawing on a remarkable body of letters exchanged between patients or their parents and Dr Elliot P Joslin and the staff of physicians at his famed Boston clinic Feudtner examines the experience of living with diabetes across the twentieth century highlighting changes in treatment and their profound effects on patients lives Although focused on juvenile onset or Type 1 diabetes the themes explored in Bittersweet have implications for our understanding of adult onset or Type 2 diabetes as well as a host of other diseases that thanks to drugs or medical advances are being transformed from acute to chronic conditions Indeed the tale of diabetes in the post insulin era provides an ideal opportunity for exploring the larger questions of how medicine changes our lives *The Treatment of Diabetes Mellitus* Elliott P. Joslin,1952 The Assessment and Treatment of Older Adults Lee Hyer,2019-10-04 Grounded in extensive research this book outlines a deliberative process in the psychosocial care of older adults both in terms of assessment and treatment It is a clinical undertaking with academic emphasis on the real life needs of older adults and even considers current meta trends of health The world of aging has changed Data now clearly suggest that older age is replete with exciting complexities that can be unpacked and changed Specifically the book articulates a Watch and Wait model of care espousing a plan for the modal problems of later life Five domains are presented as a sufficient understanding of a case general health cognition depression anxiety and life adjustment Importantly assessment is considered first in each domain and a profile for each patient is provided as a result The text also discusses the role of personality in later life Empirically supported interventions are then provided in each area This book is intended for health care professionals as well as academics who work with this population Older age is changing and a newer model of care is necessary *MEDLINE* ,1988 *Clinical Manifestations & Assessment of Respiratory Disease - E-Book* Terry Des Jardins,George G. Burton,2015-03-12 NEW New chapter on respiratory failure and mechanical ventilation protocol outlines the respiratory therapist s role in regards to these protocols NEW New chapters on congenital diaphragmatic hernia and congenital heart disease NEW Updated content on electronic charting offers the latest guidelines for collecting and recording respiratory assessments and treatment plans using an electronic health record NEW The most up to date content throughout ensures readers are well versed in the latest assessment and treatment guidelines for various respiratory illnesses and injuries NEW Therapist driven protocols TDPs information is now separated into two chapters to divide content

between the basic treatment protocols and the protocols for mechanical ventilation and weaning from the ventilator

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