Medicine
UNIVERSITY OF TORONTO | Endocrinology & Metabolism

Diabetes and Metabolic Flow Sheet

☐ Type 1 ☐ Type 2 ☐ Unknown ☐ Other: _____

Year of diagnosis: _____ Height (cm): _____

☐ Retinopathy
☐ Diabetic Kidney Disease
☐ Neuropathy
☐ Hypoglycemic Unawareness
☐ CHD
☐ PVD
☐ Stroke/TIA
☐ Other: _____

PATIENT IDENTIFICATION

	DATE (YYYY/MM/DD):					
LABS	AIC target					
	AIC result					
	BG lab | Meter	|	|	|	|	|
	LDL					
	Triglycerides					
	HDL					
	Non-HDL					
	Creatinine | eGFR	|	|	|	|	|
	Urine ACR					
EXAM	Weight:	Kg/Lbs	Kg/Lbs	Kg/Lbs	Kg/Lbs	Kg/Lbs
	BP | Home/AMBP	|	|	|	|	|
	Foot exam ABN/N (if abnormal describe findings)					
	Monofilament exam					
	Last eye exam (MM/YR)| R - Referred RM - Reminded	|	|	|	|	|
COUNSELLING	**Y - Yes N - No NA - Not applicable ✓ - Done**					
	Smoking | Cessation Counselled	|	|	|	|	|
	Driver's license: | Counselled	|	|	|	|	|
	Hypoglycemia counselling					
	Sick day counselling					
	Preconception counselling					
	Vaccine (pneumonia/flu) counselling					
MEDICATIONS	**Y - Yes N - No NA - Not applicable PD - Patient declined I - Intolerant → Unchanged C - Contraindicated**					
	In - insulin | S - secretgogue	|	|	|	|	|
	Statin					
	Other lipid					
	ACEi/ARB					

How to use this flow sheet:

- The Items on this flow sheet include data for calculating scorecard indicators and some commonly recorded values. There is space to add additional items.
- Please use consistent charting
- If process is not done, leave cell blank
- Labs
    - Indicate personalized A1C target, if it is unchanged draw for next visit arrow →. A range is acceptable. It will be entered in scorecard database at upper value.
    - If the labs have been done within 2 weeks of clinical visit, list under the clinic visit, if the labs are more than 2 weeks from the visit date they should be denoted in two different columns
- Exam
    - Record office BP. If aware that home or ambulatory BP monitoring is normal, may record home BP value or T (in target)
    - Foot exam Record N or ABN, may use own coding to record findings. If the exam was not done on that visit leave blank
    - Eye exam, note month and year. If patient is overdue and you have reminded them, record RM. If you have referred them record R. If eye exam not addressed, leave blank.
- Counselling
    - Record smoking Y/N. If counselled on cessation, check √. If smoking not addressed, leave blank
    - Record driver's license Y/N. If you counselled on driving safely, check √. In not counselled, leave blank
    - Hypoglycemia management, sick-day counselling, preconception counselling - if you counsel, check √. NA for not applicable. The indicator calculations will only apply to those who require counselling.
    - You may leave vaccination blank, it is currently not an indicator. It has been noted if K045 billing code is being used.

- Meds:
    - Indicate insulin or a secretogogue
    - List name and dose of medications at visit. → at next visit indicates no change.
    - Statin and ACEi/ARB. May indicate NA (not indicated). If recommended, but the patient declines record PD. If patient is intolerant note I.

Counselling Recommendations (all taken form the DC 2018 guidelines):

- **Vaccines:** annual influenza vaccination during. Pneu-P-23 vaccination should be offered to persons with diabetes aged 19 to 64 years. A 1-time revaccination is recommended for those ≥65 years of age (if the original vaccine was given when they were <65 years of age). For people with diabetes ≥65 years or with an immunocompromising condition (e.g. end stage renal disease), Pneu-C-13 vaccine should be administered first, followed at least 8 weeks later by Pneu-P-23 vaccine. In people who have already received Pneu-P-23, at least 1 year should elapse before they are given Pneu-C-13.

- **Hypoglycemia:** Mild-to-moderate hypoglycemia should be treated by the oral ingestion of 15 g carbohydrate, preferably as glucose or sucrose tablets or solution. These are preferable to orange juice and glucose gels; retest BG in 15 minutes and re-treat with another 15 g carbohydrate if the BG level remains <4.0 mmol/L. Severe hypoglycemia in a conscious person with diabetes should be treated by oral ingestion of 20 g carbohydrate, preferably as glucose tablets or equivalent. BG should be retested in 15 minutes and then re-treated with another 15 g glucose if the BG level remains <4.0 mmol/L. Once the hypoglycemia has been reversed, the person should have the usual meal or snack that is due at that time of the day to prevent repeated hypoglycemia. If a meal is >1 hour away, a snack (including 15 g carbohydrate and a protein source) should be consumed For people at risk of severe hypoglycemia, support persons should be taught how to administer glucagon

- **Driving:** Have BG monitoring equipment and supplies of rapidly absorbed carbohydrate within easy reach Should consider measuring their BG level immediately before and at least every 4 hours while driving or wear a real-time CGM device. Should not drive when their BG level is <4.0 mmol/L; they should not drive until at least 40 minutes after successful treatment of hypoglycemia has increased their BG level to at least 5.0 mmol/L . Refrain from driving immediately if they experience severe hypoglycemia while driving, and notify their health-care provider as soon as possible. Health-care professionals should inform people with diabetes treated with insulin secretagogues and/or insulin to no longer drive, and should report their concerns about the person's fitness to drive to the appropriate driving licensing body: Any episode of severe hypoglycemia while driving in the past 12 months OR More than 1 episode of severe hypoglycemia while awake but not driving in the past 6 months for private drivers, and in the past 12 months for commercial drivers.

- **Sick day management:** When patients are ill with volume contraction due to diarrhea or vomiting they should be instructed to hold medications that can worsen kidney function, precipitate hypoglycemia or lead to euglycemic DKA. These include: ***S***ulfonureas ***A***ce-I, ***D***iuretics, ***M***etformin, ***A***RB, ***N***SAIDs, ***S***GLT-2i. Patients should be instructed to check their blood sugars more frequently and if on insulin they may require additional corrections to bring down higher numbers.

- **Preconception:** All women with pre-existing diabetes should receive preconception care to optimize glycemic control, assess for complications, review medications and begin folic acid supplementation.Effective contraception should be provided until the woman is ready for pregnancy.Women should target an A1C ≤7.0% (ideally ≤6.5% if possible) prior to pregnancy. Women should consider the use of the continuous glucose monitor during pregnancy to improve glycemic control and neonatal outcomes.

- **Smoking** (from the Canadian Smoking Cessation Clinical Practice Guidelines-2012): Tobacco use status should be updated regularly by all care providers. Health care providers should clearly advise patients to cut down or quit, multiple counselling sessions increases the chance of successful cessation. Combination counselling and smoking cessation medication is more effective than either alone. Web-based and helpline methods have been shown to be effective. https://www.smokershelpline.ca/