



## Complete Summary

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### GUIDELINE TITLE

Wisconsin essential diabetes mellitus care guidelines.

### BIBLIOGRAPHIC SOURCE(S)

Wisconsin Diabetes Advisory Group. Wisconsin essential diabetes mellitus care guidelines. Madison (WI): Wisconsin Diabetes Prevention and Control Program; 2004. Various p. [246 references]

### GUIDELINE STATUS

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
RECOMMENDATIONS  
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DISCLAIMER

## SCOPE

### DISEASE/CONDITION(S)

- Pre-diabetes
- Diabetes mellitus (type 1, type 2, gestational)
- Diabetes-related complications

### GUIDELINE CATEGORY

Diagnosis  
Evaluation  
Management  
Prevention  
Risk Assessment  
Screening

## **CLINICAL SPECIALTY**

Cardiology  
Dentistry  
Dermatology  
Emergency Medicine  
Endocrinology  
Family Practice  
Gastroenterology  
Geriatrics  
Infectious Diseases  
Internal Medicine  
Nephrology  
Neurology  
Nursing  
Nutrition  
Obstetrics and Gynecology  
Ophthalmology  
Optometry  
Pediatrics  
Pharmacology  
Physical Medicine and Rehabilitation  
Podiatry  
Preventive Medicine  
Psychiatry  
Psychology  
Urology

## **INTENDED USERS**

Advanced Practice Nurses  
Allied Health Personnel  
Dentists  
Dietitians  
Emergency Medical Technicians/Paramedics  
Health Care Providers  
Hospitals  
Managed Care Organizations  
Nurses  
Pharmacists  
Physical Therapists  
Physician Assistants  
Physicians  
Podiatrists  
Psychologists/Non-physician Behavioral Health Clinicians  
Public Health Departments  
Social Workers  
Students

## **GUIDELINE OBJECTIVE(S)**

- To provide recommendations, which serves as a guide for the management of diabetes mellitus
- To provide a concise, general framework for the care and prevention of diabetes-related complications
- To improve care and enhance quality of life for people with diabetes

## **TARGET POPULATION**

Patients with type 1 and type 2 diabetes mellitus, pre-diabetes, pre-gestational, or gestational diabetes

## **INTERVENTIONS AND PRACTICES CONSIDERED**

### **General Care**

1. Diabetes-focused visit including assessment of physical activity, weight, body mass index (BMI), growth, and review of management plan
2. Self-management education
3. Medical nutrition therapy
4. Glycemic control including:
  - A1c testing
  - Review of self-monitoring of blood glucose (SMBC)
  - Review of medication management monitoring, side effects, and hypoglycemic episodes
  - Glucose-lowering agents alone or in combination with one or more oral agents and/or insulin
5. Referral to specialists, as appropriate
6. Essential patient education

### **Cardiovascular Care**

1. Lifestyle modification
2. Tobacco cessation
3. Lipid and blood pressure monitoring and therapy, including aspirin prophylaxis, unless contraindicated

### **Kidney Care**

1. Obtain albumin/creatinine ratio, serum creatinine, and routine urinalysis, as appropriate
2. Angiotensin-converting enzyme (ACE) inhibitors or Angiotensin receptor blockers (ARB) and aggressive blood pressure therapy

### **Eye Care**

1. Dilated eye exams

### **Foot Care**

1. Routine and comprehensive foot exams
2. Risk categorization

## **Oral Care**

1. Oral screening
2. Dental exam

## **Emotional/Sexual Health Care**

1. Depression screening and recommendations
2. Assess sexual health concerns

## **Influenza and Pneumococcal Immunizations**

1. Provide influenza and pneumococcal immunizations

## **Preconception and Pregnancy Care**

1. Provide preconception counseling
2. Assess contraception/discuss family planning
3. Screen for gestational diabetes

## **Screening for Pre-diabetes and Diabetes**

1. Fasting plasma glucose or oral glucose tolerance test

## **MAJOR OUTCOMES CONSIDERED**

- Efficacy of management strategies at preventing, delaying, or reducing the risk of diabetes-related complications
- Glycemic control
- Quality of life
- Cost-effectiveness of care

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Hand-searches of Published Literature (Primary Sources)  
Hand-searches of Published Literature (Secondary Sources)  
Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Not stated

### **NUMBER OF SOURCE DOCUMENTS**

Not stated

## **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Expert Consensus  
Expert Consensus (Committee)  
Subjective Review

## **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

## **METHODS USED TO ANALYZE THE EVIDENCE**

Review of Published Meta-Analyses  
Systematic Review

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus  
Informal Consensus

## **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

## **COST ANALYSIS**

Published cost analyses were reviewed and reported, not determined by the guideline developer.

Good glycemic control is cost-effective and improves quality of life. It is estimated that for every one percent decrease in A1c, there is a 14-20% decrease in hospitalizations, resulting in \$4-5 billion savings in direct health care costs alone.

Screening for, and treatment of, diabetic kidney disease adds years to life and is proven to be cost-effective.

## **METHOD OF GUIDELINE VALIDATION**

Comparison with Guidelines from Other Groups  
External Peer Review  
Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The authors of these Guidelines, the Wisconsin Diabetes Advisory Group, and many other individuals were involved in the review and revision of various drafts and the final document.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

#### General Recommendations/Care

- Perform diabetes-focused visit

##### *Frequency*

- *Type 1\**: Every 3 months
- *Type 2\**: Every 3-6 months

\* Consider more often if A1c  $\geq$ 7.0% and/or complications exist

- Review management plan, assess problems and goals

##### *Frequency*

- Each focused visit; revise as needed
- Assess physical activity

##### *Frequency*

- Each focused visit
- Assess nutrition/weight/body mass index (BMI)/growth

##### *Frequency*

- Each focused visit

#### Self-Management Education

- Refer to diabetes educator, preferably a certified diabetes educator (CDE); curriculum to include the ten key areas of the national standards for diabetes self-management education

##### *Frequency*

- At diagnosis, then every 6-12 months, or more as needed

### **Medical Nutrition Therapy**

- Refer to registered dietician, preferably a certified diabetes educator; to include areas defined by the American Dietetic Association's Nutrition Practice Guidelines.

#### *Frequency*

- *Type 1*: At diagnosis; then, if age <18, every 3-6 months; if age  $\geq$ 18, every 6-12 months.
- *Type 2*: At diagnosis; then every 6-12 months or more as needed

### **Glycemic Control**

- Check A1c (see Algorithm 1 in original guideline document)

Goal: <7.0% or  $\leq$ 1% above lab norms

#### *Frequency*

- Type 1: Every 3 months
- Type 2: Every 3-6 months
- Review goals, medications, side effects, and frequency of hypoglycemia

#### *Frequency*

- Each focused visit
- Assess self-blood glucose monitoring schedule

#### *Frequency*

- Each focused visit, 2-4 times/day, or as recommended

### **Cardiovascular Care**

- Check lipid profile

Adult goals: Total Cholesterol <200 mg/dL

Triglycerides <150 milligrams(mg)/dL

High-density lipoprotein (HDL)  $\geq$ 40 mg/dL (men)

HDL  $\geq$ 50 mg/dL (women)

Non-HDL (Cholesterol) <130 mg/dL

Low-density lipoprotein (LDL) <100 mg/dL (optimal goal)

Low-density lipoprotein <70 mg/dL (for very high risk)

#### *Frequency*

- *Children*: If >2 years, after diagnosis and once glycemic control is established. Repeat annually if abnormal. Follow National Cholesterol Education Program (NCEP III) guidelines.
  - *Adults*: Annually. If abnormal, follow NCEP III guidelines.
- Blood pressure

Adult goal: <130/80 mmHg

Pediatric goal: below 90% of ideal for age

*Frequency*

- Each focused visit
- Assess smoking status

*Frequency*

- Each visit; if smoker, counsel to stop; refer to cessation
- Start aspirin prophylaxis (unless contraindicated)

*Frequency*

- Age >40 with diabetes; Age  $\leq$ 40, individualize based on risk

## **Kidney Care**

- Check albumin/creatinine ratio using a random urine sample, also called urine microalbumin/creatinine ratio (see Algorithm 2 in the original guideline document)

*Frequency*

- *Type 1*: Begin with puberty or after 5 years duration, then annually
  - *Type 2*: At diagnosis, then annually
- Check serum creatinine

*Frequency*

- At diagnosis, then annually
- Perform routine urinalysis

*Frequency*

- At diagnosis, then as indicated

## **Eye Care**

- Perform dilated eye exam by an ophthalmologist or optometrist

*Frequency*

- *Type 1*: If age  $\geq 10$ , within 3-5 years of onset, then annually
- *Type 2*: At diagnosis, then annually; two exceptions exist (see Section 7 in the original guideline document)

### **Foot Care**

- Inspect feet, with shoes and socks off

#### *Frequency*

- Each focused visit; stress need for daily self-exam
- Perform comprehensive lower extremity exam

#### *Frequency*

- Annually, with monofilament

### **Oral Care**

- Perform oral health screening

#### *Frequency*

- At diagnosis, then each focused visit
- Advise dental exam by general dentist or periodontal specialist

#### *Frequency*

- At diagnosis, then every 6 months (if dentate) and every 12 months (if edentate)

### **Emotional/Sexual Health Care**

- Assess emotional health; screen for depression

#### *Frequency*

- Each focused visit
- Assess sexual health concerns

#### *Frequency*

- Each focused visit

### **Immunizations**

- Provide influenza vaccine

#### *Frequency*

- Annually, if age  $\geq 6$  months
- Provide pneumococcal vaccine

*Frequency*

- Once; then per Advisory Committee on Immunization Practices

**Preconception and Pregnancy Care**

- Provide preconception counseling/assessment

*Frequency*

- 3-4 months prior to conception\*
- Assess contraception/discuss family planning

*Frequency*

- At diagnosis and each focused visit\*
- Screen for gestational diabetes

*Frequency*

- At 24-28 weeks gestation or sooner if high risk\*

\* Consider referring to provider experienced in care of diabetic women during pregnancy.

**Screening for Pre-diabetes and Diabetes**

- Perform fasting plasma glucose test or oral glucose tolerance test (see Algorithm 6 in the original guideline document)

*Frequency*

- Test all people  $\geq$  age 45; if normal and person has no risk factors, retest in 3 years

**Screening for Pre-diabetes and Diabetes**

Test all people  $\geq 45$  years for pre-diabetes and diabetes. If screening results are normal and person has no risk factors, re-testing should occur at 3-year intervals. Screen at a younger age or more often if the person has one or more risk factors from the following list:

1. Body mass index  $\geq 25$  kilograms/m<sup>2</sup>
2. Sedentary lifestyle
3. Prior history of pre-diabetes/glucose intolerance
4. Race/ethnicity (e.g., African-Americans, Hispanic-Americans, Native Americans, Asian-Americans, and Pacific Islanders)

5. Family history of diabetes in one or more first-degree relatives
6. History of hypertension (>140/90 mmHg)
7. History of vascular disease
8. History of dyslipidemia: HDL  $\leq$ 35 mg/dL and/or a triglyceride level  $\geq$ 250 mg/dL
9. Markers of insulin resistance: (e.g., acanthosis nigricans and/or waist circumference >40 inches in men and >35 inches in women)
10. History of polycystic ovary syndrome (PCOS)
11. History of gestational diabetes mellitus (GDM) in women or delivery of a baby weighing more than nine pounds at birth

### **Diagnosis of Pre-diabetes and Diabetes (2004 Criteria)**

#### **Fasting Plasma Glucose (FPG)**

*How Performed:* Blood glucose is measured after at least an 8 hour fast

*Normal:* <100 mg/dL

*Pre-diabetes (impaired fasting glucose [IFG]):* 100-125 mg/dL

*Diabetes Mellitus:*  $\geq$ 126 mg/dL\*

#### **Oral Glucose Tolerance Test (OGTT)**

*How Performed:* 75-gram glucose load (drink) is ingested after at least an 8-hour fast; blood glucose is measured at 2 hours

*Normal:* <140 mg/dL

*Pre-diabetes (impaired glucose tolerance [IGT]):* 140-199 mg/dL

*Diabetes Mellitus:*  $\geq$ 200 mg/dL

#### **Random/Casual Plasma Glucose (with symptoms)**

*How Performed:* Blood glucose is measured at any time regardless of eating

*Diabetes Mellitus:*  $\geq$ 200 mg/dL (with symptoms)\* #

\*Test must be confirmed by repeating on a different day

# It is not appropriate to have a person eat a meal and then draw a random glucose two hours after.

### **CLINICAL ALGORITHM(S)**

Clinical algorithms are provided in the original guideline document for:

- Type 2 Diabetes: Glycemic Control

- Screening and Initial Recommendations for Diabetic Kidney Disease (Microalbuminuria and Macroalbuminuria)
- Diabetic Foot Disorders ULCER: A Clinical Practice Pathway
- Diabetic Foot Disorders INFECTION: A Clinical Practice Pathway
- Diabetic Foot Disorders CHARCOT FOOT: A Clinical Practice Pathway
- Screening for Pre-diabetes and Diabetes

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The recommendations are based on results of clinical trials, accepted science, and expert opinions.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

#### Overall Potential Benefits

- Prevention, early detection, and aggressive treatment can have a significant impact on the quality of life for people with diabetes.
- The management goal for diabetes is to achieve optimal glycemic control to prevent acute and chronic complications.

#### Specific Potential Benefits

##### Self-Management Education

The primary goal of diabetes self-management education (DSME) is to provide knowledge and skill training, facilitate problem solving, help people identify barriers to change, and nurture the development of coping skills with the goal of achieving effective self-management and behavior change.

##### Medical Nutrition Therapy

Early intervention and follow-up of medical nutrition therapy (MNT) are essential to achieve and maintain glycemic control and reduce the risk of cardiovascular disease and other complications. As the sole therapy, or in conjunction with other therapies, MNT can help prevent and/or delay the onset or progression of costly diabetes-related complications and hospitalizations.

##### Glycemic Control

Good glycemic control is cost-effective and improves quality of life. It is estimated that for every one percent decrease in A1c, there is a 14-20% decrease in hospitalizations, resulting in \$4-5 billion savings in direct health care costs alone

##### Cardiovascular Care

Aggressive assessment and treatment of cardiovascular disease may prevent or decrease the development of cardiovascular complications.

### **Kidney Care**

Early detection and intervention of diabetic kidney disease, along with improved glycemic and blood pressure control, can help reduce the risk of the development and progression of nephropathy. Screening for, and treatment of, diabetic kidney disease adds years to life and is proven to be cost-effective.

### **Eye Care**

Studies have shown that early detection and proper treatment of diabetic eye disease can reduce the risk of diabetic retinopathy and blindness by 50-60%. In addition, proper glycemic control can reduce the risk of progression of retinopathy by 34-76%. For each two percent decrease in A1c, there is a 50-75% reduction in complications. Not only do diabetic retinopathy screening and treatment programs result in increased years of sight, but they are clearly also cost-saving interventions.

### **Foot Care**

Simple prevention strategies may reduce the rate of lower extremity complications in people with diabetes.

### **Oral Care**

The negative outcomes of periodontitis can be avoided through appropriate screening and timely referral and treatment.

### **Emotional/Sexual Health Care**

Early recognition of depression symptoms, prompt treatment, and referral may lead to improved diabetes self-care and quality of life.

### **Influenza and Pneumococcal Immunizations**

Immunizations can prevent serious illness, complications, hospitalizations, and death associated with influenza and pneumococcal disease.

### **Preconception and Pregnancy Care**

Preconception counseling, intensive management to optimize glycemic control before pregnancy and during pregnancy, and utilizing a team of providers experienced in caring for women with diabetes may help these at risk women achieve health outcomes similar to those of women without diabetes.

### **Screening for Pre-diabetes and Diabetes**

Evidence from studies have shown supportive education for medical nutritional therapy and self-management after the diagnosis of pre-diabetes are effective in slowing and even preventing the progression to Type 2 diabetes.

## **POTENTIAL HARMS**

For information on side effects of diabetes medications, see "Diabetes medications update - 2004" at the end of Section 4 in the original guideline document.

## **CONTRAINDICATIONS**

### **CONTRAINDICATIONS**

For information on contraindications to common diabetes medications, see "Diabetes medications update - 2004" at the end of Section 4 in the original guideline document.

## **QUALIFYING STATEMENTS**

### **QUALIFYING STATEMENTS**

- The Guidelines are population-based and therefore intended to be appropriate for most people with diabetes, but not intended to define the optimal level of care that an individual person may need. Clinical judgment may indicate the need for adjustments appropriate to the needs of each particular person (e.g., age, medical condition, or individual glycemic control goal).
- The recommendations in these Essential Diabetes Mellitus Care Guidelines are intended to serve as a guide for clinicians and others involved in the implementation of care and preventive services for people with diabetes. They are not intended to replace or preclude clinical judgement. Abnormal physical or lab findings should result in follow-up/intervention.

## **IMPLEMENTATION OF THE GUIDELINE**

### **DESCRIPTION OF IMPLEMENTATION STRATEGY**

#### **Phase 1**

Wisconsin healthcare professionals were invited to attend one of the 11 programs offered around the state of Wisconsin. These free workshops, that featured a healthy breakfast and continuing education credits, educated the professionals about the newly updated *Wisconsin Essential Diabetes Mellitus Care Guidelines*.

Community members were invited to one of the 11 free evening programs held around the state, featuring healthy snacks, to learn about the newly updated *Wisconsin Essential Diabetes Mellitus Care Guidelines*.

#### **Phase 2**

In response to multiple requests to provide Phase 1 in many more locations across the state, the Wisconsin Essential Diabetes Mellitus Care Guidelines Training Project CDs were designed by health systems to implement successful health professional and/or community training on the *Wisconsin Essential Diabetes Mellitus Care Guidelines*.

## **IMPLEMENTATION TOOLS**

Audit Criteria/Indicators  
Chart Documentation/Checklists/Forms  
Clinical Algorithm  
Foreign Language Translations  
Patient Resources  
Quality Measures  
Quick Reference Guides/Physician Guides  
Resources  
Slide Presentation  
Wall Poster

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

## **INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES**

### **IOM CARE NEED**

Living with Illness  
Staying Healthy

### **IOM DOMAIN**

Effectiveness  
Patient-centeredness

## **IDENTIFYING INFORMATION AND AVAILABILITY**

### **BIBLIOGRAPHIC SOURCE(S)**

Wisconsin Diabetes Advisory Group. Wisconsin essential diabetes mellitus care guidelines. Madison (WI): Wisconsin Diabetes Prevention and Control Program; 2004. Various p. [246 references]

### **ADAPTATION**

Not applicable: The guideline was not adapted from another source.

### **DATE RELEASED**

2004 Dec

## **GUIDELINE DEVELOPER(S)**

Wisconsin Diabetes Prevention and Control Program - State/Local Government Agency [U.S.]

## **SOURCE(S) OF FUNDING**

Centers for Disease Control and Prevention (CDC), Division of Diabetes Translation

## **GUIDELINE COMMITTEE**

Guidelines Work Groups and Diabetes Advisory Group

## **COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

*Workgroup Members:* Mary Anderson, Wisconsin Association for Perinatal Care, Preconception and Prenatal Care Committee; Ruth Ann Berkholtz, MSSW, BCD, Licensed Clinical Social Worker, Madison Psychiatric Associates; Dory Blobner, RN, MS, CDE, Diabetes Education Coordinator, Dean Clinic; Mary Bruskevitz, RN, MS, Wisconsin Nurses Association, Capitol Area and Surrounding Communities Association of Diabetes Educators (CASCADE); Jenny Camponeschi, MS, Diabetes Prevention and Control Program, Wisconsin Department of Health and Family Services; Pat Celek, RN, CDE, Aurora Health Care; Ann Conway, RN, MS, MPA, Executive Director, Wisconsin Association for Perinatal Care; Susan Davidson, MD, St. Mary's Hospital; Sarah Dillenbeck, RD, CD, CDE, UW Medical Foundation; Robert Draeger, Retired Teacher; Sherree Drezner, ACSW, LCSW, University of Wisconsin Hospital and Clinics; Krista Eastman, BA, Consultant; April Eddy, RN, CNS, CDE, Meriter Hospital, Perinatal Clinic; Ann Ebert, PharmD, Wisconsin Association for Perinatal Care, Preconception and Prenatal Care Committee; Diane Elson, MD, University of Wisconsin Hospital and Clinics; Joan Fisher, RN, CCM, MercyCare Insurance Company; Irene Golembiewski, MA, Media Solutions, University of Wisconsin Medical School; Margo Grady, MS, CGC, Wisconsin Association for Perinatal Care, Chair, Preconception and Prenatal Care Committee Meriter Hospital; Rosalyn Haase, RD/CD, CDE, MPH, BC-ADM, Wisconsin Dietetic Association; Peter G. Hanson, MD, Peter Christiansen Health Center; Dee Helgeson, RN, CDE, Reedsburg Physicians Group; Sonja Henry, MS, CGC, Wisconsin Association for Perinatal Care, Preconception and Prenatal Care Committee; Dan Hopfensperger, Immunization Program, Wisconsin Department of Health and Family Services; Sue Hugl, RN, BSN, CDE, Froedtert and Medical College Diabetes Care Center; Anthony M. Iacopino, DMD, PhD, Wisconsin Dental Association, Marquette University School of Dentistry; Jonathan B. Jaffery, MD, University of Wisconsin Medical School, Department of Medicine, Section of Nephrology; Kate Jaeger, Diabetes Program Assistant, Sixteenth Street Community Health Center; Mary Jenny, RN, BSN, Population Health Care Coordinator, WEA Trust; Audrey Johnson, RN, MSN, CDE, Aurora Health Care; Virginia Jordan, MS, RD, CDE, West Central Wisconsin Association of Diabetes Educators (WECWADE); Pamela Kittleson, RPh, UW Medical Foundation; Kevin P. Kortsch, DPM, Wisconsin Society of Podiatric Medicine; Christy Kreul, Physicians Plus Insurance Corporation; Leah Ludlum, RN, BSN, CDE, Diabetes Prevention and Control Program, Wisconsin Department of Health and Family Services; Steven B. Magill, MD, PhD, St. Luke's Medical Center, Aurora Health Care; Glenna

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## **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

## **GUIDELINE STATUS**

This is the current release of the guideline.

## **GUIDELINE AVAILABILITY**

Electronic copies: Available from the [Wisconsin Diabetes Prevention and Control Program Web site](#).

Print copies: Available from the Wisconsin Diabetes Prevention and Control Program, Bureau of Community Health Promotion, PO Box 2659, Madison, WI 53701-2659.

## **AVAILABILITY OF COMPANION DOCUMENTS**

The following are available:

- Wisconsin diabetes strategic plan 2004-2009. Madison (WI): Wisconsin Diabetes Advisory Group. Department of Health and Family Services, Division of Public Health, Diabetes Prevention and Control Program. 2004 Oct.
- Making a difference: essential diabetes care in Wisconsin 2005. Webcast. 2005.

- Diabetes self-management information and record booklet and wallet card (English and Spanish).
- Diabetes Advisory Group. Diabetes guidelines professional presentation 2005. Madison (WI): Wisconsin Diabetes Prevention and Control Program. 2005.

Electronic copies: Available from the [Wisconsin Diabetes Prevention and Control Program Web site](#).

Additionally, the Wisconsin Diabetes Advisory Group has made available a variety of implementation tools included in the original guideline document:

- Body mass index (BMI) tables for adults
- Growth charts for children
- Diabetes self-management education records
- Diabetes patient flow sheet/chart audit tools
- Diabetes sick day plan
- Diabetes eye exam consultation form
- Annual comprehensive diabetes foot exam form
- Office poster (available in English, Spanish, and Hmong)
- High-risk foot stickers for patient record
- Diabetes dental referral form
- Patient Health Questionnaire (PHQ-9)
- Diabetes population-based indicators
- Personal diabetes care record cards (available in English, Spanish, and Hmong)

Electronic copies: Available in the [original guideline document](#) and from the Resources section of the [Wisconsin Diabetes Prevention and Control Program Web site](#).

## **PATIENT RESOURCES**

The following is available:

- Diabetes self-management information and record booklet. Madison (WI): Wisconsin Diabetes Advisory Group. Department of Health and Family Services, Division of Public Health, Diabetes Prevention and Control Program.

Electronic copies: Available from the [Wisconsin Diabetes Prevention and Control Program Web site](#).

Print copies: Available from the Wisconsin Diabetes Prevention and Control Program, Bureau of Community Health Promotion, PO Box 2659, Madison, WI 53701-2659; phone: (608) 261-6855.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the

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## **NGC STATUS**

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Date Modified: 9/29/2008

