

**Lakeland Care**  
**PROTOCOL ORDERS**  
**Type 2 Diabetes Care Protocol**

<b>Diagnosis/Chief Complaint</b>	
Patients 18 -75 years of age with Type 2 diabetes	
<b>Lab Evaluations/Results</b>	
Perform the A1C test at least two times a year in patients who are meeting treatment goals; perform quarterly in patients whose therapy has changed or who are not meeting glycemic goals. An A1C goal for many nonpregnant adults of <7 is appropriate; 7-8 % for those with a <10-year life expectancy, severe hypoglycemia, severe macrovascular complications or severe CKD. Urine Microalbumin and Serum creatinine annually Lipid profile, preferably fasting, annually	
<b>Diagnostic Evaluation/Results</b>	
Assessment at least every 6 months, more frequently as needed to support management of weight, blood pressure, glycemia or secondary interventions. Blood Pressure check at every visit with targeted goal $\leq$ 140/90. Eye exam with initial diagnosis, then every 1-2 years based on presence of disease. Scan results of eye exam to dummy order to fulfill health maintenance. Foot exam at least 1 time per 12 months (visual, monofilament and pulses)	
<b>Plan of Care</b>	
<b>SPECIAL ATTENTION: Minimum of at least 2 office visits per 12 months for those with A1C less than 7 or every 3 months if greater than 9.</b>	
<ol style="list-style-type: none"> <li>1. Assess patient’s chief complaint at time of rooming patient along with height, weight, BMI and smoking status. Provide counseling and possible smoking cessation medications if not contraindicated.</li> <li>2. For those patients who are obese or gaining weight over time, consider referral to a diabetes educator.</li> <li>3. Regardless of the chief complaint, if patient has diabetes –may place orders for the above tests if not completed within the above guidelines.</li> <li>4. Place orders using the “per protocol” order mode.</li> <li>5. Screen for depression on annual basis using PHQ 2/9 and documented within flowsheet.</li> <li>6. Screen for SDoH: especially food insecurity, housing stability and financial barriers</li> </ol>	
<b>Additional Care</b>	
<b>Approval/Signatures</b>	
<b>Physician Section Leader:</b>	<b>Date:</b>
<b>Medical Director:</b>	<b>Date:</b>

**DISTRIBUTION**

All recipients of this protocol must acknowledge their receipt and understanding of the protocol by referring any questions or problems with the protocol within ten days of the issue date to their immediate supervisor. If no questions or problems are communicated, it will be assumed that the protocol has been read and understood. All questions regarding this protocol its implementation may be referred to the Medical Director of **Practice Name**.

Original Date: 10-7-14  
Reviewed Dates: 6-23-15, 3-23-16, 1-9-2019, 9-24-2020  
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