# STANDING ORDERS
# DIABETES MELLITUS – Type II

**Patient Name:** _____ **DOB:** _____ **Date:** _____

| | Performed? Y | N | Action | Result |
|---|---|---|---|---|
| **PHYSICAL EXAM** | ☐ | ☐ | Weight and BMI every visit | Wt:_____lbs Ht:_____inches |
| | ☐ | ☐ | Blood Pressure every visit | BP:_____BMI:_____ |
| | ☐ | ☐ | Foot check every 4 months (on back of form) | Foot Check:_____/_____ (left) (right) |
| **LABORATORY TESTS** | ☐ | ☐ | HbA1C every 4 months, or _____ | |
| | ☐ | ☐ | Fasting Lipid profile every 1 year, or_____ | |
| | ☐ | ☐ | Urine Microalbumin/Creatinine ratio every 1 year , or _____ | |
| | ☐ | ☐ | Creatinine every 1 year, or _____ | |
| **IMMUNIZATIONS** | ☐ | ☐ | Flu Shot (Influenza) every 1 year | |
| | ☐ | ☐ | Td every 10 years | |
| | ☐ | ☐ | Pneumococcal Vaccine 1 time dose | |
| | | | Revaccinate 1 time if the patient is: ≥ 65 years old and if the 1st dose was given at < 65 years and greater than 5 years ago | |
| **REFERRALS** | ☐ | ☐ | Ophthalmology dilated exam every 1 year | |
| | ☐ | ☐ | Diabetes education (Boldt Diabetes Center) -offer every 1 year, if poor glycemic control. | |
| | ☐ | ☐ | Diabetes group visit (SPFP) – offer every 4 months. | |
| **SELF MANAGEMENT GOAL SETTING & SUPPORT** | ☐ | ☐ | Set Self-Management Goal with patient and record on CDEMS form including likelihood of success score (LOS score) | Goal:<br>• What/Where:_____<br>• How much: _____<br>• When:_____<br>• How often: _____<br>• Score: _____ |
| | ☐ | ☐ | Complete MA call back card for 2 to 3 weeks to review and refine self management goal | |
| | ☐ | ☐ | Pedometer<br>*Would you like to discover how active you are? Do you see yourself using a pedometer?* | |
| **OTHER** | ☐ | ☐ | Update CDEMS form and enter data | |
| | ☐ | ☐ | Schedule appointment with PCP within 1 week (15 min. EST.) | |
| | ☐ | ☐ | Diabetes education material offered | |
| | ☐ | ☐ | Call back card for planned visit in 4 months | |
| | ☐ | ☐ | Discuss smoking cessation if indicated | |

**MA/RN Signature** _____ **Date** _____

**PCP Signature**:_____ **Date**:_____

This program was developed by the Providence St. Peter Family Medicine Residency Program at Providence St. Peter Family Medicine in Olympia, WA with support from the Robert Wood Johnson Foundation® in Princeton, NJ.