

Diabetes Mellitus Management Flowsheet*

(*adapted from flowsheet by J. Christopher Lynch, PharmD, The University Of Louisiana at Monroe School of Pharmacy and Bob Richards, MD, Louisiana State University Medical Center New Orleans)

Recipient Name: _____

Type of Diabetes: _____

Recipient Number: _____

Date of Diagnosis: _____

Birthdate: _____ Gender: ___Female ___Male

Height: _____

Suggested Result Codes	
WNL = normal	NS = nonsmoker
X = done	C = counseled
R = referred	S = scheduled
O = ordered	N/A = not applicable

Evaluations	Weight	BP	Review/ Adjust Meds	Tobacco/ Alcohol Counseling	Review Self- Management Skills	Review Physical Activity	Foot Exam	Dilated Eye Exam	A1C	Chol	TG	LDL	HDL	Microalb Screen
Schedule	q visit	q visit	q visit	q visit	q visit	q visit	q visit	yearly	2/year*	yearly	yearly	yearly	yearly	yearly
Date														
Result														
Date														
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* 4/yr in recipients whose therapy changed or who are not meeting glycemic goals

Consider aspirin & ACE inhibitors!

Vaccines	Schedule	Date	Date	Date
Influenza	yearly			
Pneumococcal	usually only once			