


The Long Tall Drink of Water: *Resources and Activities for PWD and Professionals*

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AI in Diabetes and Clinical Management

- Get Started:
 - Gemini, Chat GPT (OpenAI),  Grammarly, Wordtune,
 - If you have a google acct, You're Ready.
 - Next step is to find Gemini.
 - Gemini uses google and references. Chat GPT does not use references, it lists resources
 - Enter your request. Request references.
 - Copy and paste onto a word document. **Edit**, add your logo if you like.
- The professionals in this area are “Prompt Engineers”
- AI in diabetes may be very effective at
 - Diabetes Enablement,
 - Engagement, Personalized text messages for PWD
 - Documentation
 - Roche has announced an AI enabled CGM
 - Pumps and sensors
 - Retinal photos have used this for years

Starting and Increasing Mounjaro: A Guide for Patients

What is Mounjaro?

Mounjaro (tirzepatide) is a prescription medicine used to improve blood sugar control in adults with type 2 diabetes. It can also help you lose weight. Mounjaro works by mimicking two naturally occurring hormones in your body that help regulate blood sugar and appetite.

How to Start Mounjaro

- **Low starting dose:** You will start with a low dose of Mounjaro (2.5 mg) to help your body adjust to the medication.
- **Injection:** Mounjaro is injected under the skin once a week. Your healthcare provider will show you how to inject yourself.
- **Injection day:** Choose a day of the week that works best for you and stick to it.

Increasing Your Mounjaro Dose

- **Gradual increase:** Your healthcare provider may increase your dose every 4 weeks if needed to improve blood sugar control.
- **Dose adjustments:** Increases are typically in 2.5 mg increments up to a maximum dose of 15 mg.
- **Individualized plan:** The best dose for you will depend on your specific needs and how your body responds to the medication.

Common Side Effects

- **Digestive issues:** Nausea, vomiting, diarrhea, and loss of appetite are common side effects, especially when starting Mounjaro or increasing your dose. These side effects usually go away on their own.
- **Other side effects:** You may also experience headache, fatigue, constipation, or stomach pain.

Important Information

- **Regular check-ups:** It's important to see your healthcare provider regularly to monitor your blood sugar levels, kidney function, and other health indicators.
- **Blood sugar monitoring:** Continue to monitor your blood sugar as directed by your healthcare provider.
- **Low blood sugar:** Mounjaro can cause low blood sugar (hypoglycemia). Learn the signs and symptoms of low blood sugar and how to treat it.
- **Missed dose:** If you miss a dose, inject Mounjaro as soon as you remember. If it has been more than 4 days, skip the missed dose and inject your next dose on your regular day.
- **Do not share needles:** Always use a new needle with each injection. Do not share needles with others.

Questions?

If you have any questions or concerns about starting or increasing Mounjaro, talk to your healthcare provider.

Disclaimer: This information is not a substitute for professional medical advice. Always consult your healthcare provider for personalized guidance.

[Include your healthcare facility's logo and contact information]

Note: This patient education sheet provides general information and should be customized based on the specific patient's needs and healthcare provider's recommendations.

Would you like to add any specific information about the patient's diabetes management plan or other medications they are taking?

Example
8-2024

Do you know your diabetes educator?

Now: Diabetes Care and Education Specialist

- Get your phone and let's **find your new best friend**
- Find a diabetes educator. Certified Diabetes Care and Education Specialist
 - <https://www.cbdce.org/locate>
 - <https://nf01.diabeteseducator.org/eweb/DynamicPage.aspx?Site=AADE&WebCode=AADEDiaEduDirectory>

You can't do it all yourself.....

Where are your local **education programs**?

- Find a diabetes education program
 - <https://diabetes.org/tools-resources/diabetes-education-programs>
 - <https://www.adces.org/program-finder>
 - https://professional.diabetes.org/erp_list_zip
- National Diabetes Prevention Program: DPP
 - <https://www.cdc.gov/diabetes-prevention/index.html>

And then what I have know and love.....

Professional Resources

- Diabetes Boot Camp: AANP. FREE. 8.5CEs
 - <https://aanp.inreachce.com/Details/Information/6f0338ce-379c-454a-bbbd-714e0175237f>
 - [https://storage.aanp.org/www/documents/education/Diabetes Bootcamp Medication Table Tool.pdf](https://storage.aanp.org/www/documents/education/Diabetes%20Bootcamp%20Medication%20Table%20Tool.pdf)
- SmartBrief for Nurse Practitioners np@smartbrief.com
 - Tools for T2Diabetes
 - Unravel Challenging Type 2 Diabetes Cases, New No-cost CE Courses
- American Diabetes Association reply@email.diabetes.org
 - Free member CEs
 - DiabetesPro SmartBrief diabetespro@smartbrief.com
 - ADA Institute of Learning professionaleducation@diabetes.org

Resources for Professionals, cont.

- 1. Practicing Clinicians Exchange info@e.mycea.com
 - Pivotal role of PCP....managing Cardiorenal Metabolic Diseases
 - Managing Obesity. Angela Goldman NP and J Almandoz MD
 - Advances in MASLD/MASH Therapeutics and Updates to the Development Pipeline
- 2. Clinical Care Options info@e.mycea.com
 - Mechanisms of SGLT2s, GLP-1RA and GLP/GIP co-agonist. Dr C Wysham
 - Role of Gluagon Agonism in Obesity Mgt
- 3. Medscape Science and Tech
science_and_technology@mail.medscape.com
 - GLP-1s Gastric Effect Questioned
 - Turning white fat into brown: New Discovery
- 5. Medscape Events email@mail.medscape.live.org Sept 28 7:15p EST
 - Evolving SGLT2 Landscape of SGLT2s

Resources for Professional, cont.

- [Medscape: Cardiorenal Metabolic Syndrome](https://www.medscape.com/viewarticle/999841?ecd=mkm_msc_papp_240727_mscpmrk_podcasts_etid6696720&uac=281358FK&implID=6696720)
https://www.medscape.com/viewarticle/999841?ecd=mkm_msc_papp_240727_mscpmrk_podcasts_etid6696720&uac=281358FK&implID=6696720
- Taking Care of Your Diabetes (TCOYD) : Videos on multiple topics
events@tcoyd.org
- Clinical Care Options info@e.mycea.com
 - Integrating the Latest Treatments for T2D Into Patient Care: Connecting Mechanism of Action to Clinical Evidence
- Diabetes Technology & Therapeutics updates@email.liebertpub.com
 - On line journal of pumps, sensors and other technologies
- Kelly L. Close kelly_close@closeconcerns.com
 - Electronic newsletter including cutting edge reports from multiple conferences, industry data and key expert interviews

CE, Pod Cast...Resources for Professionals

1. Medscape Endocrinology [-Medscape@mail.medscape.com](mailto:Medscape@mail.medscape.com)
 - Ghrelin Paradox: New Paths in Obesity Mangement
2. Medscape CME Clinical Advances
[Medscape CME Clinical Advances@mail.medscape.org](mailto:Medscape_CME_Clinical_Advances@mail.medscape.org)
 - 2024 Updates: MASH
3. Clinical Care Options info@e.mycea.com
 - The Role of Basal Insulin in the modern era of diab mgt. R Pratley MD
4. <https://www.achlcme.org/Cardioprotective-GLP-1-RAs-for-T2D>
 - : *Addressing Underutilization of Cardioprotective GLP-1 RAs for T2D in Specialty Practice*
 - released Aug 2024

Diabetes Organizations

- American Association of Diabetes Care and Education Specialists ADCES
 - <https://www.adces.org/> 30+ hrs free CE for members
 - The huddle: PodCasts: AI's role in Revolutionizing Health Care Delivery in Diabetes
 - DanaTech.org An on line platform to help professionals stay current with Technology
- American Diabetes Association.
 - <https://diabetes.org>
 - Patient and professional resources, Free CE, recipes, publication library
 - Standards of Care: <https://professional.diabetes.org/standards-of-care>
- diaTribe: non-profit organization providing free cutting-edge **diabetes** management tips
<https://diatribe.org>
- Breakthrough T1 (Formerly Juvenile Diabetes Foundation)
 - <https://www.breakthrough1d.org/>
- Taking Care of Your Diabetes TCOYD. Patient resources/ Prof PodCasts and CE.
Drs Steve Edelman and Jeremy Petus
 - <https://www.tcoyd.org>

Medication Resources

- Lilly Direct: Medication direct: Telehealth, in-person, pharmacy
 - [Lillydirect.lilly.com](https://lillydirect.lilly.com)
- Lilly Cares: patient assistance, free medication if 400% of poverty
 - <https://www.lillycares.com> (No Trulicity or Mounjaro due to shortages)
- NovoCare: <https://novocare.com> (if 400% of poverty level)
- www.Needymeds.com Patient assistance update service
- RxAssist. Large comprehensive data base of patient assistance prog.
 - <https://www.rxassist.org/pap-info>
- AstraZeneca <https://www.azpatientsupport.com/home/uninsured>

Let's help your patient get started

Pt has Bilateral edema and DM...

You want to start an SGLT2. **Which One?**

- Open *Coverage Search* on your phone
- Enter the (Trade name)Drug: Emapgliflozin (Jardiance), Dapagliflozin (Farxiga), Canagliflozin (Invokana), Ertugliflozin (Steglatro), **Bexagliflozin**(Brenzavvy)
- Enter your state:
- Enter the category of insurance (MCare, Medicaid, Commercial)
- To your neighbor (the patient)
 - Explain the MOA/Benefits: ie; Pushes glucose out the urine when blood sugars ≥ 100 mg; \downarrow A1C 1-1.5% \downarrow BP, \downarrow Wt-8-10lbs; Renal, CV protection and HF treatment.
 - Explain side effects and how to mitigate: UTI 6-8%; GMI 6-11%: Good hygiene, clean and dry; drink 1 extra glass of water/d.
- Provide sample and Co-Pay card (commercial insurance)
- Call (MA) pharmacy to verify eRX and request they run Rx for out of pocket \$



**A Rare Photo of
HIPS...
in the Larvae Stage**

Pt Educ Resources and Handouts: DM Nutrition

1. <https://diabetes.org/healthy-living/recipes-nutrition>
2. <https://www.niddk.nih.gov/health-information/diet-nutrition>
3. <https://www.eatright.org/food>
4. <https://www.novomedlink.com/diabetes/patient-support/disease-education/library.html>
5. <https://education.lillymedical.com/en-en/educational-materials/patient-education-nutrition-in-the-fast-lane-fast-facts-about-fast-food-90093>
6. <https://www.cdc.gov/diabetes/managing/eat-well/meal-plan-method.html#:~:text=The%20plate%20method%20is%20a,impact%20on%20your%20blood%20sugar>

Resources for Healthy Recipes and meal planning

- Diabetes Food Hub || www.diabetesfoodhub.org

Includes recipes the whole family will enjoy with complete nutrition information including carbohydrates per serving

- Relish (meal planning partner with ADA)

- EatingWell || www.eatingwell.com/recipes

Includes recipes for generally healthy diets, diabetes, vegetarian/vegan, recipes for kids, etc

- MyPlate || www.myplate.gov/myplate-kitchen/recipes

Includes recipes that fit on a SNAP budget using MyPlate to have balanced meals

- Yummly || www.yummly.com (also available as an app on smart phone)

Includes recipes for generally healthy diets, diabetes, vegetarian/vegan, recipes for kids, etc

- Mealime (meal planning)

Resources for Carbohydrate counting

Nutrient Databases and Apps

- www.calorieking.com
- My Fitness Pal || www.myfitnesspal.com
- MyPlate Calorie Counter || www.livestrong.com/myplate.com
- Lose It! || www.loseit.com
- Fooducate www.fooducate.com

In a Nut Shell.....

Life Style Recommendations The PWD Job:	<ul style="list-style-type: none">-Healthy Eating: 5 Minute Nutrition Consult :-After your assessment, be sure you have worked these tips into the discussion:<ul style="list-style-type: none">-Don't drink sugar. <i>Juice is sugar.</i> Sweeteners are ok. Try Stevia. Coke and Pepsi have it.- Be consistent and modest with Carb intake. 100% of carbohydrate turns into sugar.<ul style="list-style-type: none">– Generally the RD's recommend 2-3 carb servings/meal- Have solid protein with all meals. It improves satiety.-It's ok to have a piece of B-Day cake. On <i>YOUR</i> birthday-Activity: 30-60 minutes activity/day. <i>Starting is the hardest part.</i>-Weight loss goal: 5-10% body weight, <i>But every pound counts</i>
Treatment: Your Job:	<ul style="list-style-type: none">- Start: +/-Metformin XR 500mg. 1 tab/in pm, increase 1x/week til 1000mg bid- Add GLP1-RA or SGLT2. Then the other one ASAP- Continue Mod/high intensity statin, HTN mgt- Self Monitoring of Blood Glucose (SMBG);finger stick or CGM- Foot Exam- Annual: Standards of Care: Eye/Retinal Exam, UACR, eGFR, immunizations
Referral: Your Job:	<ul style="list-style-type: none">- Refer: Diabetes Self Management Training/Support.... <i>As important as eRX</i>- 1. At Dx, 2. Annually, 3. When changes, ie, complications, insulin start, 4. Life changes

The 5 Minute Nutrition Consult *for the non-RD*

Do you ever hear:
What can I eat?
Just give me a list.

Goals of Nutrition Therapy for Adults With Diabetes

1. To promote and *support healthful eating patterns*, emphasizing a variety of nutrient-dense foods in appropriate portion sizes, to improve overall health and:
 - achieve and maintain body weight goals
 - attain individualized glycemic, blood pressure, and lipid goals
 - delay or prevent the complications of diabetes
2. To address *individual nutrition* needs based on personal and cultural preferences, health literacy and numeracy, access to healthful foods, *willingness and ability to make behavioral changes*, and existing barriers to change

Goals of Nutrition Therapy for Adults With Diabetes (continued)

3. To maintain the pleasure of eating by *providing nonjudgmental messages* about food choices while limiting food choices only when indicated by scientific evidence
4. To provide an individual with diabetes the *practical tools* for developing healthy eating patterns rather than focusing on individual macronutrients, micronutrients, or single foods

Eating Patterns Reviewed



- For type 2 diabetes, prediabetes, type 1 diabetes
 - Low-fat $\leq 30\%$ of total kcal
 - Mediterranean olive oil, nuts/seeds, fruits, vegetables, beans, fish, seafood, less red meat
 - DASH (Dietary Approaches to Stop Hypertension) rich in fruits, vegetables, whole grains, low-fat dairy products, and low in fat, refined grains, and sweets; max sodium of 2,400 mg per day
 - Paleo lean meat, fish, fruits, vegetables, root vegetables, eggs, and nuts; avoids grains, dairy, salt, refined fats, sugars
 - Very Low Fat (Ornish or Pritikin) very low-fat (10% of kcal), exercise, stress management
 - Vegetarian or vegan
 - Low-carbohydrate 26 to 40% of calories from CHO
 - Very low-carbohydrate 20 to 50 g CHO/day or $<26\%$ calories from CHO

Low-Carbohydrate and VLC and Type 2 DM: 3 Meta-analyses

- Carbohydrate-restricted diets (<45% , especially <25% energy) produced greater reductions in A1c at 3 and 6 months, but no difference at 12 and 24 months¹
- Compared to low-fat diets (<30% energy), LC diet (<40% energy) improved A1c more (up to 6 months), improved triglycerides, increased HDL-C, lowered blood pressure and reduced need for diabetes medications (varying time lengths)²
- The greater the carbohydrate restriction, the greater the reduction in A1c up to 1 year (-0.34%); reduction in A1c was similar at 1 year and after ³

¹Sainsbury E te al. Diab Res Clin Pract 2018;139:239-252

²vanZuren EJ et al. Am J Clin Nutr 2018;108:300-331

³ Snorgaard O et al. BMJ Open Diabetes Res Care 2017;5:e000354

Now let's talk food with your neighbor....

- The person with the most jewelry is the patient
- Remember this is 5 minutes to help them ***get started***
- Please complete the assessment
 - In NO MORE than 2-3 minutes
- Use ~ 2-3 minutes for discussion

Your Role as Provider/Educator

- 1. Keep that poker face on. Don't interrupt**
- 2. People know what foods cause problems. You want them to identify it and "own" it**
- 3. Offer support when the patient identifies *any* changes, even if they are not what you think is best.**
- 4. Help figure out how to work in "the one food". Even in small amounts. Less than what they are doing is better than "cold turkey". That will make them feel deprived and likely give up.**
- 5. To close the deal: Ask "on a scale of 1-10, how likely are you to be able to do this?" Why is it a "5" and not a "7"? or a 3 not a 5.**
 - a. Then problem solve some of those barriers.....**
 - b. Don't let the patient "bite off too many changes"**

5 Minute Food Discussion...

Start with these questions.

1. *When* do you eat/drink first? _____am/pm
 - a. *What* do you eat/drink? How much?
2. *When* do you eat/drink after that? _____ am/pm
3. *What* do you eat/drink after that? How much?
4. Do you have snacks? What/When/How much?
5. Does your schedule change on weekends/days off? How?
6. Of what you are eating, what do you think makes your blood sugars high?
7. What changes do you think would help?
8. What is the one food/drink that you absolutely don't want to give up?
9. What changes are you able/willing to try?

Patient Resources, Cont.

- <https://consumerguide.diabetes.org/>
 - American Diabetes Assoc. Pumps, glucose meters, meds etc.
- www.Diabetesfoodhub.org
 - American Diabetes Assoc. Recipes Engl and Spanish. Various cultures
- <https://diabetes.findhelp.com/> ADA “find help”. Nutrition, mental health, advocacy, medical care, etc.
- <https://www.hrsa.gov/hansens-disease/training> Free, extensive foot care workshops. Baton Rouge. 9/25-27/2024;11/7-8/2024
- <https://www.hrsa.gov/hansens-disease/training> monofilament use

Apps

1. [MyFitnessPal](#) is an excellent way to [keep track of what you're eating](#) throughout the day. It offers both free and premium memberships and has millions of different foods registered in the database. MyFitnessPal allows you to scan barcodes to enter food in your daily diary and gives you the breakdown of fats, proteins, carbohydrates, and sugars in each item. To take full advantage of the features on this app you can use the exercise tracker and set daily hydration goals
2. [Fooducate](#) is similar to MyFitnessPal in that it allows you to track your food intake, but it has a few different features. Fooducate assigns a grade to each food that you track so you know what the overall nutrition quality is at a glance. For those foods that are poorly rated, Fooducate offers healthy alternatives for you to try. It is free for both iPhone and Android use.
3. [Glucose Buddy](#) is an iPhone specific app for tracking your blood glucose levels. Its features allow for insulin, medication, A1C, and carbohydrate tracking. It can be synced with certain blood glucose monitors and offers areas to [track your physical exercise](#) and food intake. You can set up notifications in the app to remind you to check your blood sugar, get some exercise, and more. There are both free and paid options.
4. [MySugr](#) allows you to log all of your diabetes data in one place. It's easy to use and gives you a convenient overview of your blood glucose levels on the home screen. MySugr also allows you to input medications, meals, and carbohydrates. It can be synced with Apple Health to create a more comprehensive overview and has integration capabilities with certain [continuous glucose monitors](#). There are both free and paid options for use.
5. [Diabetes Connect](#) allows you to record everything—blood sugar levels, insulin dosage, medications, and more. It provides you with more of a big-picture overview and allows you to turn off any features that you don't need or use. It's a great option for those looking for something simple.
6. [One Drop](#) is a free app that gives you a truly comprehensive experience. It has everything you need to log all of your diabetes data and includes a food tracking section that mimics popular apps listed above. You can connect compatible devices via Bluetooth for even easier use. One Drop also includes a built-in "coaching" aspect that can help you boost morale and keep up with your management efforts.
7. [CalorieKing](#): As the name implies, CalorieKing was designed to be a weight loss focused app and website that helps people count calories. (For the record, I do not support counting calories.) However, they offer the most robust database of nutrition info in app form that I have found. This information is necessary for accurately counting carbohydrates and dosing medication when you have diabetes. I also really like their recipe builder. It allows you to create your own recipes and foods, and calculate your own nutrition information.

4 FREE Apps that Sync to Glucose Meters

- mySUGR
 - Lets you log glucose, meals, activity, insulin doses. ProVersion \$2.99/mo
- Tidepool
 - Also interfaces with CGM
- GlucoseBuddy
 - Includes a large food data base
- Glooko
 - Interfaces with a huge number of glucose meters providing graphs and trends



Now, Let's have ***THAT*** conversation

EXERCISE = ↑ ACTIVITY

***“Exercise is the Medicine you don’t
have to pay for”***



Benefits of Physical Activity

- Helps your body use insulin, which controls your blood sugar
- Burns extra body fat
- Strengthens muscles and bones
- Lowers [blood pressure](#)
- Cuts [LDL](#) (“bad”) cholesterol
- Raises HDL (“good”) [cholesterol](#)
- Improves blood flow
- Makes heart disease and [stroke](#) less likely
- Boosts energy and mood
- Improves bone density
- Tames [stress](#)



Exercise Recommendations for Adults

- 150 minutes minimum of aerobic activity/week; at least 3 days/week (*<2 consecutive days w/o activity*)
 - Examples: running, walking, biking, swimming, dancing, tennis
- Resistance Training: 2-3 sessions/wk on nonconsecutive days
 - Examples: Weights, resistance bands, lifting/pushing/pulling/tugging
- Flexibility: stretching, yoga, etc.
- Ok to mix up exercise into different blocks- 10 minutes several times a day, movement breaks at work, etc.

Exercise tips for type 2 diabetes

- Make a list of fun activities
 - Think about something you've always wanted to try
- Get your Doctors OK
 - Check to see if you need a physical or if you need to change your meals, insulin, or diabetes medicines for new exercise regimen
- Check your blood sugar
- Carry carbohydrates in case your blood sugar gets too low
- Ease into it
- Strength train at least 2 x week
 - Make sure you get the right training- form is everything
- Make it a habit/ Make it public
 - An exercise buddy, medical ID
- Be good to your feet
 - Proper footwear
- Hydrate

Exercise Safety

- Physical activity can lower your blood sugar up to 24 hours or more after your workout by making your body more sensitive to insulin.
- Awareness of low blood sugar -carry fast-acting carbs
- Monitor blood glucose
 - Test before exercise, if <70 , treat & do not exercise
 - If <100 eat 15g carb, then exercise
 - If >250 , check for ketones if type 1
- Test after exercise
- Let breathing guide intensity
- Wear identification
- See exercise handouts

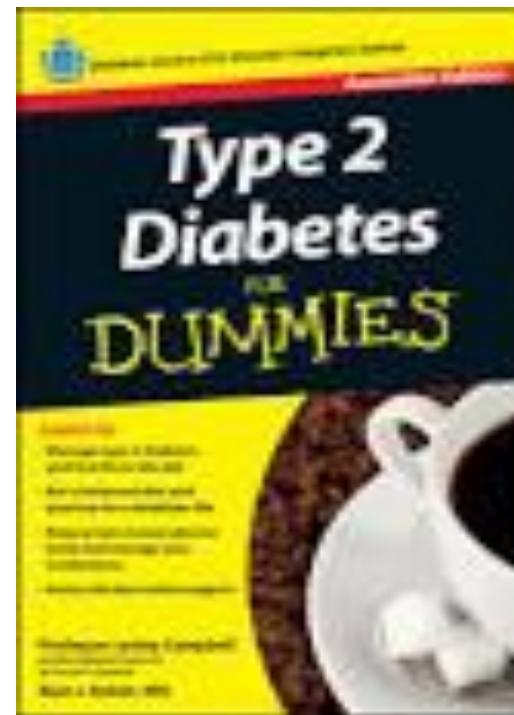
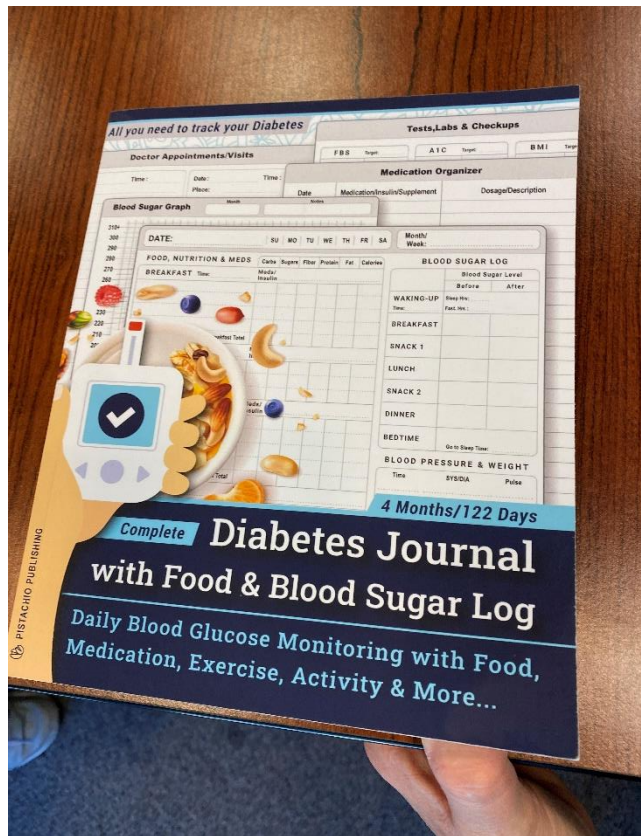
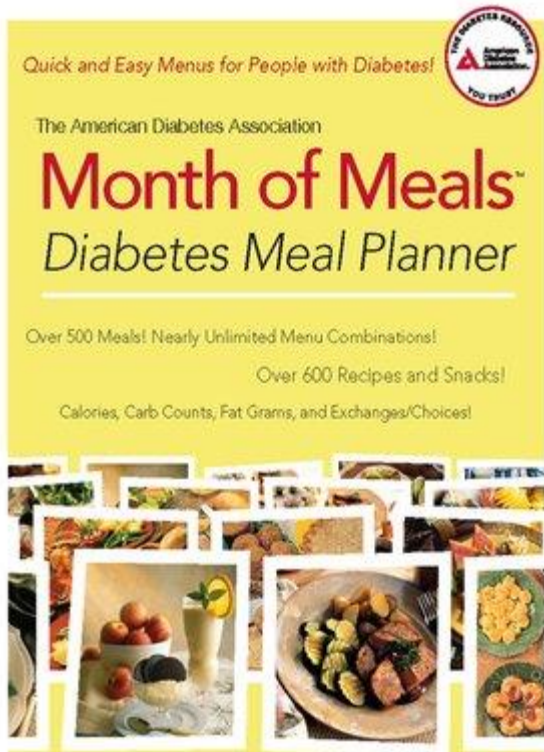


Discussion with PWD

Switch roles with your neighbor...3 minutes

- Remember: Starting is the hardest part...
- Maybe ask first: What are you doing for activity?
- What are ways you can increase your daily activity?
- List 3 benefits to regular exercise or activity
- Describe how to make adjustments in food or insulin to prevent hypo/low BS
- Injection sites & exercise





YouTube resources

Diabetic Eye Disease

National Eye Institute

- https://www.youtube.com/watch?v=X17Q_RPUIYo
- <https://www.youtube.com/watch?v=sQ-0RkPu35o>

Goal Setting

- <https://www.youtube.com/watch?v=sE8Dy3QOYi4>

Diabetes and Heart Disease

- <https://www.youtube.com/watch?v=00QcOOJ5WW0>
- <https://www.youtube.com/watch?v=t8FF6OESqVQ>

Reflect on your feet!

American Podiatric Medical Association

- <https://www.youtube.com/watch?v=mloGc4NKxTQ>

Sick Day Management

- Will likely need MORE insulin, even if not eating
 - Increase by 10% if glucose >250mg
- Monitor glucose and ketones every 4-6 hours.
- if more than 250 mg/dl for 2 readings in a row, or vomiting and/or diarrhea persists for > 12 hours, call your doctor
 - If Type 1, check urine ketones
- Drink plenty of fluids (alternate non-caloric and clear liquids). This is NOT lasagna day.
- As tolerated, eat usual meals or eat soft or liquid foods

ORAL AGENTS and INJECTABLES

Trade Name	Generic name	When to take	Doses	Side Effects
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Secretagogues (Hypoglycemia Agents)—Stimulates the pancreas to produce more insulin

Sulfonylureas (SU) (Generic names)

Glyburide	30 min before meals	1.25, 2.5, 5 mg/Max 20mg	
Glynase (Glyburide- press tab)	30 min before meals	1.5, 3, 6 mg/Max 12mg	Low blood glucose
Glipizide	30 min before meals	5, 10 mg/Max 40mg	Weight gain
Glucotrol XL (Glipizide)	before or with meals	5, 10 mg/Max 20mg	
Amaryl (Glimepiride)	before or with meals	1, 2, 4 mg/Max 8mg	(~24 hr duration)

Meglitinides

Prandin (Repaglinide)	5–30 min before meals	0.5, 1, 2, mg/Max 16mg	Low BG
Starlix (Nateglinide)	5–30 min before meals	120mg, 60mg	Headaches

1st(+/-) Biguanides—Decrease hepatic (Leaky Liver) glucose production. (XR reduces diarrhea-500mg \$4)

Glucophage (Metformin) (Riomet-liquid)	Take with meals	500, 850, 1000 mg	Nausea, Diarrhea
Glucophage XR ; Glumetza; Fortamet XR500 (on \$4 lists)		& 1000 mg Max: 2550 mg	Metallic Taste, Lactic Acidosis(rare)

COMBINATION PILLS

Glucovance (Glyburide/Metformin)/ Metaglip (Glipizide/Metformin)/ Actoplusmet (Pioglitazone/Metf)/ DuetAct (Amaryl/Actos)/ JanuMetXR (Januvia/Metformin)/ Komblize (Onglyza/Metf/ Jentadueta (Tradjenta/Metf)/ Kazano (Alogliptin/Metformin)

Note: Metf included: Stop if kidney dye study; check creatinine and liver function. Stop if eGFR<30

Alpha-glucosidase Inhibitors—Slows carbohydrate absorption in intestines

Precose (Acarbose)	Glyset (Miglitol)	Take with first bite	25, 50, 100 mg(300max)	Nausea, Diarrhea, gas
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Note: If low blood sugar, use honey or glucose gel/tablets; do not use table or brown sugar.

Thiazolidinediones (Insulin Sensitizer)—Improves peripheral insulin sensitivity

Actos (Pioglitazone)	With or without meals	15, 30, 45mg	Possible bladder ca, CHF, liver
Avandia (Rosiglitazone)	With or without meals	2, 4, 6, 8 mg	As Actos + may ↑risk of MI and fx

Note: 15 mg dose less risk of wt gain. May take 6 weeks to work best, need live function studies before starting and periodically thereafter, may decrease effectiveness of birth control. Increased fracture risk.

1st(+/-) INCRETINS—Gut Hormones: for T2DM's: monotherapy & added to SGLT2, Basal insulin, SU, Metf, orTZD's

Mounjaro (Tirzepatide) GIP/GLP 0.25mg, 0.5mg, 7.5mg, 10mg, 12.5mg, 15mg 1x/wk injection.
Ozempic (Semaglutide)** 0.5 & 1mg 1/wk inject. **ORAL Sema Rybelsus(3)** 7, 14mg. Fasting, with sip water
Trulicity (Dulaglutide)** 0.75, 1.5, 3.0, 4.5mg 1x/week.
Bydureon (1/week injection) BCise pen 2mg; **Byetta (exenatide** injection) 5mcg 2x/d-1 mo; → 10mcg 2x/d
Victoza(Liraglutide)** 1x/d: 0.6mg 1 wk → 1.2mg-1wk → 1.8 maintenance
 Note: Stimulates insulin release with food, slows food from ~stomach, slows liver glucose, ↑Satiety. Side effect: wt loss & ~nausea. Do not use if MEN/MTC thyroid cancer personal or family. A1C ↓2-3%. Wt loss ~GLP: 10-12 lbs. GLP/GIP: ~ 25 lbs
INSULIN/GLP combos: **Soliqua** 100u/33mcg (Glargine&Lixisenatide) 1x/d. 60u max glargine/20mcg Lixi
Xultophpy 100u/3.6mg (Deguladec&Liraglutide) 1u/d. 50u max deguladec/1.8mg lira
Januvia (Sitagliptin) (oral agent) 100mg 1x/d: **Onglyza (Saxagliptin)** 5mg: **Tradjenta (Linagliptin)** 5mg:
Nesina (Alogliptin) 12.5/25mg. Protects GLP1 (gut hormones) by stopping breakdown of internal GLP1. Increases insulin release and reduces hepatic glucose release. Tradjenta excreted via bile and feces-

2nd. Sodium Glucose Co-Transporter-2 (SGLT2) use with all meds Helps kidneys excrete gluc ↓A1C~ 1%. ↓wt~ 10

Invokana**# (Canagliflozin)	Before first meal (300mg)	100mg, 300mg	Yeast infection/UTI possible
Farxiga**#^ (Dapagliflozin)	With or without food	5mg, 10mg	Yeast infection/UTI possible
Jardiance**^ (Empagliflozin)	“ “	10mg, 25mg	“ “
Steglatro (Ertugliflozin)	“ “	5mg, 15mg	“ “

Combos: Glyxambi XR, Invokamet, Segluromet, Synjardy, TrijardyXR

FDA indication: Cardiovascular, Renal#, ^ Heart Failure dh@sugar3rn Deborah.Hinnen@uchealth.org rev 7-23

ORAL AGENTS and INJECTABLES

Trade Name	Generic name	When to take	Doses	Side Effects
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Secretagogues (Hypoglycemia Agents)—Stimulates the pancreas to produce more insulin

Sulfonylureas (SU) (Generic names)

Glyburide	30 min before meals	1.25, 2.5, 5 mg/Max 20mg
Glinase	(Glyburide- press tab)30 min before meals	1.5, 3, 6 mg/Max 12mg Low blood glucose
Glipizide	30 min before meals	5, 10 mg/Max 40mg Weight gain
Glucotrol XL	(Glipizide) before or with meals	5, 10 mg/Max 20mg
Amaryl	(Glimepiride) before or with meals	1, 2, 4 mg/Max 8mg (~24 hr duration)

Meglitinides

Prandin	(Repaglinide) 5–30 min before meals	0.5, 1, 2, mg/Max 16mg Low BG
Starlix	– (Nateglinide) 5–30 min before meals	120mg, 60mg Headaches

1st(+/-) Biguanides—Decrease hepatic (Leaky Liver) glucose production. (XR reduces diarrhea-500mg \$4)

Glucophage (**Metformin**) (Riomet-liquid) Take with meals 500, 850, 1000 mg Nausea, Diarrhea

Glucophage XR: Glumetza, Fortamet **XR500 (on \$4 lists)&1000 mg** Max: 2550 mg Metallic Taste, Lactic Acidosis(rare)

COMBINATION PILLS

Glucovance (Glyburide/Metformin)/Metaglip (Glipizide/Metformin)/ Actoplusmet (Pioglitazone/Metf)
 DuetAct (Amaryl/Actos)/ JanuMetXR (Januvia/Metformin)/ Kombizle (Onglyza/Metf./Jentaducta (Tragienta/Metf)/ Kazano (Alogliptin/Metformin)

Note: Metf included: Stop if kidney dye study; check creatinine and liver function. Stop if eGFR<30

Alpha-glucosidase Inhibitors—Slows carbohydrate absorption in intestines

Precose(Acarbose) Glyset(Miglitol) Take with first bite 25, 50, 100 mg(300max)Nausea, Diarrhea, gas

Note: If low blood sugar, use honey or glucose gel/tablets; do not use table or brown sugar.

Thiazolidinediones (Insulin Sensitizer)—Improves peripheral insulin sensitivity

Actos (Pioglitazone)	With or without meals	15, 30, 45mg Possible bladder ca, CHF, liver
Avandia (Rosiglitazone)	With or without meals	2, 4, 6, 8 mg As Actos + may ↑risk of MI and fx

Note: 15 mg dose less risk of wt gain. May take 6 weeks to work best, need live function studies before starting and periodically thereafter, may decrease effectiveness of birth control. Increased fracture risk.

1st(+/-) INCRETINS—Gut Hormones: for T2DM's: monotherapy & added to SGLT2, Basal insulin, SU, Metf, or TZD's

Mounjaro (Tirzepatide) GIP/GLP 0.25mg, 0.5mg, 7.5mg, 10mg, 12.5mg, 15mg 1x/wk injection.

Ozempic(Semaglutide)** 0.5 &1mg 1/wk inject. **ORAL Sema Rybelsus(3)**7, 14mg. Fasting, with sip water

Trulicity (Dulaglutide)** 0.75, 1.5, 3.0, 4.5mg 1x/week.

Bydureon (1/week injection) Bicise pen 2mg; **Byetta (exenatide injection)** 5mcg 2x/d-1 mo; →10mcg 2x/d

Victoza (Liraglutide)**1x/d: 0.6mg 1 wk →1.2mg-1wk →1.8 maintenance

Note: Stimulates insulin release with food, slows food from ~stomach, slows liver glucose, ↑Satiety. Side effect: wt loss & ~nausea. Do not use if ME N/MT/C thyroid cancer personal or family. A1C ↓2-3%. Wt loss ~GLP: 10-12lbs. GLP/GIP: ~ 25 lbs

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Kultophpy 100u/3.6mg (Degludec&Liraglutide)1u/d.50u max degludec/1.8mg lira

Januvia (Sitagliptin)(oral agent)100mg 1x/d: **Onglyza(Saxagliptin)** 5mg: **Tragienta(Linagliptin)** 5mg:

Nesina (Alogliptin) 12.5/25mg. Protects GLP1 (gut hormones) by stopping breakdown of internal GLP1. Increases insulin release and reduces hepatic glucose release. Tragienta excreted via bile and feces-

2nd. Sodium Glucose Co-Transporter-2 (SGLT2) use with all meds Helps kidney's excrete gluc ↓A1C~1%.↓wt-10

Invokana#**(Canagliflozin) Before first meal (300mg) 100mg, 300mg Yeast infection/UTI possible

Farxiga*#A** (Dapagliflozin) With or without food 5mg, 10mg Yeast infection/UTI possible

Jardiance*** (Empagliflozin) " " 10mg, 25mg " "

Steglatro (Ertugliflozin) " " 5mg, 15mg " "

Brenzavvy (Bexagliflozin)

Combos: Glyxambi XR, Invokamet, Segluramet, Synjardy, TrijardyXR

FDA indication: Cardiovascular, Renal#, ^ Heart Failure dh@sugar3m Deborah.Hinnen@uchhealth.org rev 7-23

INSULIN

Type of Insulin (Name)	Manufacturer	Source <i>Human rDNA</i>	Onset/ Start time	Peak	Effective Duration
RAPID-ACTING (BOLUS/Meal Insulins)					
Humalog-LisPro	Lilly	Blue KwikPen 3ml vial	10-15 min	1 ½ hrs	3 ½ hrs
Admelog - LisPro	Sanofi	Yellow Solostar pen	10-15 min	1 ½ hr	3 ½ hrs
Humalog U200 pen	Lilly	Black KwikPen			
Lyumjev (fast LisPro)		Gray Pen/Blue dose knob	1-5min	30+min	4+ hr
Novolog-Aspart		Novo Nordisk Orange	10-15 min	60-90min	4+ hrs
EiAsp Novo		Yellow/Orange	2.5-16 min	40-91 min	< 4hrs
Anidra-Gulisine	Sanofi	Blue	5+ min	55 min	4+ hrs
Afrezza (inhaled)	Mannkind	REMS -COPD/asthma	12-15 min	53 min	150 min
REGULAR					
Humulin R	Lilly	Human rDNA	30-60 min	2 - 3 hrs	6 -8 hrs
Novolin R	Novo Nordisk	Human rDNA	30 min	2 - 4 hrs	6 - 8 hrs
Humulin R U500	Lilly 20ml vials/3ml pen (50/click U100)		1+ hr	6-8 hrs	12 hrs
INTERMEDIATE-ACTING (BASAL/Background Insulins)					
NPH					
Humulin N	Lilly	Human rDNA	2 hrs	6 - 8 hrs	10 -12 hrs
Novolin N	Novo Nordisk	Human rDNA	2 hrs	6 - 8 hrs	10 -12 hrs
LENTE					
Novolin L	Novo Nordisk	Human rDNA	2 hrs	8+/-	14 - 16 hrs
LONG/ULTRA-Long - ACTING (Basal/Background)					
Lantus/Glargine	Sanofi	Grey SolostarPen	3+/-	nearly flat	22+/- hrs
Basilar/Glargine	Lilly	Pen	3+/-	nearly flat	22+/- hrs
Semglee/Glargine	Biocon	Pen Interchangeable	3+/-	nearly flat	22+/- hrs
Levemir/Defimer	Novo	Green FlexTouch	2-3+hrs		16-24 hrs
Toujeo/Lantus U300	Sanofi	adjust dose q 3-4/d	2-3+ hrs	very flat	32-36 hrs

INSULIN

Type of Insulin (Name)	Manufacturer	Source	Onset/Start time	Peak	Effective Duration
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RAPID-ACTING (BOLUS/Meal Insulins)

Humalog LisPro	Lilly	Blue KwikPen 3ml vial/0-15 min	1 ½ hrs	3 ½ hrs
Aspart - LisPro	Sanoft	Yellow Solostar pen	10-15 min	1 ½ hrs
Humalog U200 pen Lilly		Black KwikPen		3 ½ hrs
LisPro (Fast LisPro)		Grey Pen Blue dose knob	1-5min	30-min
Novolog Aspart		Novo Nordisk Orange	10-15 min	60-90min
Fiasp, Novo		Yellow/Orange	2.5-16 min	40-91 min
Aspart-Glisine	Sanoft	Blue	5+ min	55 min
Afrezza (inhalable)	Novo Nordisk	RENDS - COPD (airmax)	12-15 min	53 min

REGULAR

Humulin R	Lilly	Human rDNA	30-60 min	2-3 hrs	6-8 hrs
Novolin R	Novo Nordisk	Human rDNA	30 min	2-4 hrs	6-8 hrs
Humulin R U500	Lilly 200ml vials/3ml pen (SoloClick U100)		1+ hr	6-8 hrs	12 hrs

INTERMEDIATE-ACTING (BASAL/Background Insulins)

NPH

Humulin N	Lilly	Human rDNA	2 hrs	6-8 hrs	10-12 hrs
Novolin N	Novo Nordisk	Human rDNA	2 hrs	6-8 hrs	10-12 hrs
LENTA					
Novolin L	Novo Nordisk	Human rDNA	2 hrs	8+/-	14-16 hrs

LONGULTRA-Long - ACTING (Basal/Background)

Lantus (Glargine)	Sanoft	Grey Solostar Pen	3+/-	nearly flat	22+/- hrs
Baselar (Glargine)	Lilly	Pen	3+/-	nearly flat	22+/- hrs
Senselar (Glargine)	Biocon	Pen, Interchangeable	3+/-	nearly flat	22+/- hrs
Levermor/Defimer	Novo	Green FlexTouch	2-3+hrs		16-24 hrs
Toujeo/Lantus U300	Sanoft		adjust dose q 3-4/d	very flat	32-36 hrs
Tresiba/Depeuder U100&U200	Novo		adjust dose q 3-4/d	very flat	36-42 hrs

MIXTURES

Insulins: ~~Pre-MIXED~~ at the factory: all are rDNA Human

Humalog 75/25Mix Lilly		75% NPL /25% Humalog [E: 10-15min H: 1 ½ hrs H: 3 ½ hrs]
Novolog Mix 70/30 NovoNordisk		70% N/30%/Novolog [E: 10-15min /Peak(40-min)/Dur(3-5h)]
Humulin 70/30 Lilly	70% NPH/30% Reg	Novo [Dose: 5-10min /Peak(40-min)/Dur(3-5h)]
Novolin 70/30 Novo Nordisk	70% NPH/30% Reg	[N: 2 hrs N: 6+/- hrs N: 10-12 hrs]
Humalog Mix 50/50 Lilly	50% Humalog/50%NPL	
Ryzodeg 70/30 (10115) Novo	70/30 Depeuder/Aspart	
Basal/GLP- Xulphoxy (Depeuder/Liraglutide)	Soliqua (Glargine/Lixirliptide)	

INSULIN CARTRIDGES: for insulin pens: Humalog 3ml-Humalog Jr. Novolog 3ml- Novolar and InPen
INSULIN PREFILLED PENS-Lilly KwikPen (Hlog and Mlog), NPH, R and 75/25; Novolog, Levimr,
 Novolog Mix 70/30, Aventis SoloStar (Lantus & Aytitra)

Private Labeled vials: Novolin R, N, 70/30 as ReliOn- Wal-Mart ~ \$25+/vial

For patients on Insulin, T1DM and T2DM: SYMLIN in SynPen. **EMGLIN** Pramlintide (amylin hormone) injection (NOT INSULIN)T1: 15-60 mcg 2-4x/d. And T2: 60-120mcg - 2-4x/d To start: ~~Synlin~~, with the first bite of food. Insulin with the last bite

Foot Care Resources

- LEAP Lower Extremity Amputation Prevention Program
www.hrsa.gov/leap 1-800-642-2477
- American Diabetes Association www.diabetes.org 1-800-342-2383
- Centers for Disease Control and Prevention www.cdc.gov/diabetes 1-877-232-3422
- American Podiatric Medical Association www.apma.org/diabetes 1-301-581-9200
- National Diabetes Education Program www.ndep.nih.gov 1-301-496-3583
- Diabetes Life www.dlife.com Foot Car

Neuropathy—Screening

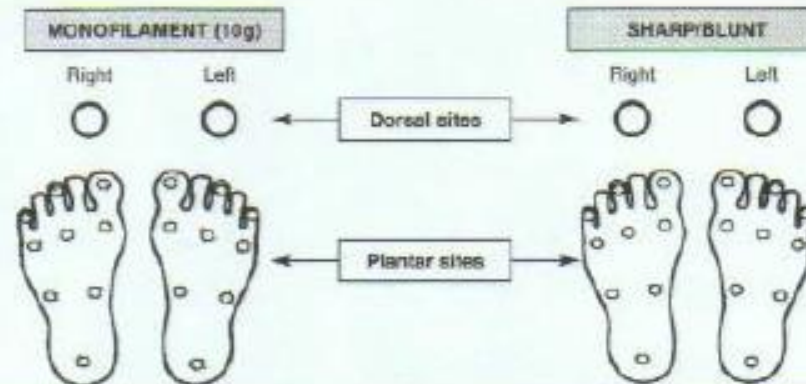
- 12.17** All people with diabetes should be assessed for diabetic peripheral neuropathy starting at diagnosis of type 2 diabetes and 5 years after the diagnosis of type 1 diabetes and at least annually thereafter. **B**
- 12.18** Assessment for distal symmetric polyneuropathy should include a careful history and assessment of either temperature or pinprick sensation (small-fiber function) and vibration sensation using a 128-Hz tuning fork (for large-fiber function). All people with diabetes should have annual 10-g monofilament testing to identify feet at risk for ulceration and amputation. **B**

DIABETES FOOT SCREENING

Preston **NHS**
Primary Care Group

Surname:		Forename:		DOB:		NHS No.:	
Address:						Tel:	
Year of diagnosis:		Control:		Consultant / GP:			
<i>(Tick as appropriate)</i>							
	RIGHT FOOT			LEFT FOOT			
FOOT PULSES	Not palpable	Palpable	Bounding	Not palpable	Palpable	Bounding	
Dorsalis pedis							
Posterior tibialis							
FOOT TEMP	Cold	Warm	Hot	Cold	Warm	Hot	
Forefoot							
Rearfoot							
SYMPTOMS	Yes		No		Yes		No
Intermittent claudication							
Rest pain							
Painful neuropathy							

FOOT SENSATION (Key: ● = sensation absent □ = sensation present)



FOOT SENSATION INTACT

RIGHT
LEFT

FOOT SENSATION PARTIAL LOSS (=4 absent sites)

RIGHT
LEFT

FOOT SENSATION ABSENT (4 or more absent sites)

RIGHT
LEFT

Foot ulcer history	Foot deformity	Callus / corns / nail problems	Inappropriate footwear	Smoker	Poor eyesight	Lives alone
Y N	Y N	Y N	Y N	Y N	Y N	Y N

COMMENTS / ACTION:

RISK CATEGORY

HIGH RISK FOOT

(Podiatry annual assessment and care)

- Active foot ulceration
- History of foot ulceration / gangrene / amputation
- Ischaemia (i.e. absent foot pulses, claudication / rest pain)
- Absent sensation (4 or more absent sites)
- Charcot foot

MEDIUM RISK FOOT

(Podiatry annual assessment and care)

- Partial loss of sensation / peripheral circulation
- Foot deformity (with reduced sensation / circulation)
- SYMPTOMS (rest claudication, painful neuropathy in isolation)
- "OTHER RISK FACTORS AND SIGNS" (smoking, poor eyesight, etc.)

DIABETES FOOT SCREENING

Surname:	Forename:		DOB:		NHS No.:	
Address:	Control:		Consultant / GP:		Tel:	
Year of diagnosis:						
(Tick as appropriate)	RIGHT FOOT		LEFT FOOT			
FOOT PULSES	Not palpable	Palpable	Bounding	Not palpable	Palpable	Bounding
Dorsalis pedis						
Posterior tibialis						
FOOT TEMP	Cold	Warm	Hot	Cold	Warm	Hot
Forefoot:						
Rearfoot:						
SYMPTOMS	Yes		No		Yes	
Information/ claudication						
Rest pain						
Painful neuropathy						

FOOT SENSATION (Key: ● = sensation absent ○ = sensation present)

MONOFILAMENT (10g)		SHARPB/LUNT	
Right ○	Left ○	Right ○	Left ○
Dorsal sites		Dorsal sites	
Plantar sites		Plantar sites	
		FOOT SENSATION INTACT RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> FOOT SENSATION PARTIAL LOSS (at dorsal sites) RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> FOOT SENSATION ABSENT (at more distant sites) RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/>	

Foot ulcer history	Foot deformity	Callus / corns / nail problems	Inappropriate footwear	Smoker	Poor eyesight	Lives alone
Y N	Y N	Y N	Y N	Y N	Y N	Y N

COMMENTS / ACTION:

RISK CATEGORY

HIGH RISK FOOT
(Podiatry review appointment and care)

- Active foot ulceration
- History of foot ulceration / gangrene / amputation
- Ischaemia (i.e. absent foot pulses, claudication / rest pain)
- Abnormal sensation (at or more distant sites)
- Charcot foot

MEDIUM RISK FOOT
(Podiatry review assessment and care)

- Partial loss of sensation / peripheral circulation
- Foot deformity (with reduced sensation / ulceration)
- SYMPTOMS (with claudication, painful neuropathy in location)
- OTHER RISK FACTORS AND SIGNS (impaired poor eyesight etc.)

LOW RISK FEET
(Practice annual assessment)

- Probably safe if treated
- No symptoms or sensation or peripheral circulation
- Factor back to podiatry if change in risk category or SOS

Date:
 Clinician:
 Position:
 Location:

Patient consent
 Advice leaflet given Y / N

Let's do it!

Partner up with a brave soul who will allow you to do the foot exam.

Go Ahead.....











3 minutes



Organizational Resources PWD

- <https://beyondtype2.org/finding-a-dces/>
- [Colorado Department of Public Health and Environment
https://cdphe.colorado.gov/DSMES-Toolkit](https://cdphe.colorado.gov/DSMES-Toolkit)
 - Tool kit of resources for patients and professionals

Diabetes To Do List: The ABCs of Diabetes Care













		How often?	Ideal Level
	A1C measures blood sugar control <i>Lowering your A1C reduces diabetes complication</i>	Every 3-6 months	Less than 7%
	Blood Pressure Control <i>Lowering your blood pressure reduces strokes</i>	Every Visit	Less than 130/80
	Cholesterol (LDL) level <i>Lowering your LDL level reduces heart attacks</i> Heart medications Statins/ Aspirin ask your provider <i>Heart medications may reduce heart attacks</i>	Every Year Daily if needed	Less than 70 mg/dL (55 if heart attack)
	Diabetes Kidney Microalbumin Test URINE TEST GFR (blood test) >60 <i>Treating early kidney damage may prevent dialysis</i>	Every Year	Less than 30 mg/gm
	Dental Exam and cleaning <i>Prevents tartar buildup and gum disease</i>	2 times a year Brush & floss daily	
	Eye Exam. Dilated or Non Mydriatic Camera or AI <i>Detecting early eye damage may prevent blindness</i>	Every Year	
	Foot Exam: Inspect your own feet Have your feet checked in your doctor's office <i>Helps prevent serious foot infections and amputation</i>	Daily- YOU. Every Year- provider	Good Feeling
	Goal for Self-Management My Goal : _____ <i>Choosing your own goal will help you succeed</i>	Every Visit	
	Home Glucose Monitoring Ask your provider or educator what schedule is right for you <i>Helps you stay in control and provides patterns to assess</i>	Varies	80-130 mg/dL fasting Under 180 after meals
	Immunizations help prevent serious infections Influenza (flu vaccine) Pneumonia- consult PCP Age 19-64 -single dose PPSV23 Age 19-64- PCV13 not indicated > 65 usually given once Tetanus (Tdap) Hepatitis B Shingles- healthy adults 50 years and older (Shingrix) HPV (recommended if < age 26) >26 on individual basis RSV >60y Covid-19	Every Year > 65 revaccinate every 5-10 years > 65 usually given once Every 10 years 3 shot series 2 shot series 2-6 mos apart 3 shot series 1-2 shot	
Over			

	<p>Just ask for a referral to: Diabetes Education/ Case Management Nutritional Counseling/ Weight Management</p> <p>Four critical times to get ongoing education:</p> <ol style="list-style-type: none"> 1. At diagnosis 2. Yearly check ins (refreshers) 3. When a new complicating factors occur 4. When transitions in care arise 5. When not a glycemic goal <p><i>If you need additional help with your diabetes</i></p>	<p>Medicare and other insurances cover ongoing continuing education yearly after Initial series of classes are completed. Check with your insurance carrier. Referral is required</p>
	<p>Smoking Cessation Program/ Access the Colorado Quit Line <i>If you need help to stop smoking</i></p>	<p>Call 1-800-QUIT-NOW</p>
		<p>8/2024-F: Nursing Share/ H&W/DW forms</p>





Diabetes To Do List: The ABCs of Diabetes Care

	A1C measures blood sugar control <i>Lowering your A1C reduces diabetes complication</i>	How often? Every 3-6 months	Ideal Level Less than 7%
	Blood Pressure Control <i>Lowering your blood pressure reduces strokes</i>	Every Visit	Less than 130/80
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	Dental Exam and cleaning <i>Prevents tartar buildup and gum disease</i>	2 times a year Brush & floss daily	
	Eye Exam. Dilated or Non Mydriatic Camera or AI <i>Detecting early eye damage may prevent blindness</i>	Every Year	Good Feeling
	Foot Exam: Inspect your own feet <i>Have your feet checked in your doctor's office</i> <i>Helps prevent serious foot infections and amputation</i>	Daily- YOU. Every Year- provider	
	Goal for Self-Management My Goal : _____ <i>Choosing your own goal will help you succeed</i>	Every Visit	
	Home Glucose Monitoring <i>Ask your provider or educator what schedule is right for you</i> <i>Helps you stay in control and provides patterns to assess</i>	Varies	80-130 mg/dL fasting Under 180 after meals
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Over			

Summary

- You don't have to do it all...
- But you do have to help PWD get started.
- Don't forget to follow up on their "starting" goals
 - Share those with referrals...ie, Diabetes educator
- Make the referral to Diabetes Education ***Annually***
 - *MCare covers 2 hours education and 2 hours MNT, again 12 months after completing initial education.*
 - *Your life as the provider/clinician will be so much easier.*
 - *If your patient can't afford it, ask the educator for low cost classes, ie Prevention classes/programs.*
- **Thank you for what you do for people with diabetes!**