

ADULTS ONLY – Prediabetes Screening & DPP Referrals: Step by Step Protocol for Primary Care Clinics

Step	Who	What	When
1	PCC	All adult patients are given prediabetes paper risk test with ROS to complete (NOTE: advise diabetics to ignore)	Waiting room
2	MA	When addressing deficiencies in other screening services, pend HbA1c order if no lab results available in past 6 months AND HbA1c > 5.6 (prediabetes/diabetes) – OR – risk score ≥ 5	Chart review/preload – or – Rooming
3	MA	If risk score ≥ 5 or HbA1c (5.7-6.4) , MA notes lab result on referral form, and patient completes contact info on form.	Rooming
4	MA	Update patient’s Past Medical History with h/o prediabetes or GDM (from risk test) & ask about h/o using DM meds	Rooming
5	MA	Leave risk test & completed referral form for provider to review/sign; verbally notify provider if patient reports h/o using DM meds but does NOT report h/o diabetes	Rooming
6	PCP	For risk score ≥ 5 and/or h/o abnormal A1c and/or PMH, discuss risk with patient	COUNSELING
7	PCP	Update screening dx in problem list & use .prediabetesnote in A/P & use .prediabetesAVS in patient instructions	PROGRESS NOTE
8	PCP	Sign referral form & lab orders	SIGNATURES
9	MA	Provide patient with INHS program flyer	Discharge
10	MA	Fax referral form to INHS 509-232-8151	Discharge
INBOX	PCP	Use .prediabeteslab for positive lab	LAB RESULT

Revision History

Who	What	When
H.Readhead, MD	After first trial in clinic & hotwash with providers	2/4/2017
H.Readhead, MD	Cannot easily tell which glucose results are fasting; some patients are unaware of their h/o diabetes	2/13/2017

**ADULTS ONLY – Prediabetes Screening & DPP Referrals:
Step by Step Protocol for Primary Care Clinics**

ATTACHMENT: EMR/EHR “SMART PHRASES”

These EMR/EHR documentation tools (scripts) are to be used by medical providers in all of the various communications involved in patient care, including writing their chart notes, writing patient instructions for the "After Visit Summary" that is usually printed at the conclusion of every office visit, and writing patient portal responses for lab results.

.prediabetesAVS

(for use in patient education - AFTER VISIT SUMMARY)

LAB TEST: If you were found to be at high risk for prediabetes, your provider ordered a blood test called a HEMOGLOBIN A1C test to see if you currently have either prediabetes or diabetes.

FOLLOW UP VISIT: Please schedule a clinic visit in 2-4 weeks. If you hear that your lab results is normal, you may choose to cancel that appointment if you do not have other issues that you need to discuss.

WEIGHT LOSS PROGRAM: Please make sure you have the handout with contact info local weight-loss diabetes prevention programs. For more information, call Inland Northwest Health Services (INHS) at [509-232-8138](tel:509-232-8138) or go to courseregistration.inhs.org to register.

PREVENTING DIABETES: For many people, losing 5-10% of their body weight or even losing just 10 to 20 pounds is enough to prevent diabetes. There is also a daily medication called metformin can also be used to decrease risk. Depending on you lab result, you may want to discuss this medication for prediabetes with your provider at your follow-up visit.

ANNUAL SCREENING: If you were NOT found to be at higher risk for prediabetes, please make sure you complete this paper-based risk assessment for prediabetes every year or more frequently if you gain weight. It is important to maintain a healthy weight to prevent diabetes and many other diseases, including cancer. In the United States, 1 out of every 3 adults has prediabetes.

.prediabetesNOTE

(for use in charting the assessment/plan)

Paper-based risk assessment for prediabetes completed today.

Patient found to have elevated risk.

HbA1c testing results reviewed and/or ordered today.

- **Patient counseled regarding prevention of progression to diabetes: The most powerful prevention is increasing physical activity and at least a 5-10% body weight loss.**
- **Handout given to patient re: local weight-loss/diabetes prevention programs.**

Patient advised that office will fax completed referral form, if completed by patient. All patients who meet the risk criteria will be referred to INHS. INHS staff will determine patient appropriateness for class.

.prediabetesLAB

(for use in responding to the prediabetic lab result)

You had a blood test called a HEMOGLOBIN A1C test to see if you currently have either prediabetes or diabetes. **Your results suggest that do have prediabetes, putting you at a much higher risk for developing diabetes in the next few years.**

The most powerful way to prevent diabetes is to increase your level of physical activity and to keep your weight down or to lose weight if you are overweight or obese. **For many people, losing 5-10% of their body weight or even losing just 10 to 20 pounds is enough to prevent diabetes.** There is also a daily medication called metformin can also be used to decrease risk. Depending on you lab result, you may discuss this medication with your provider at your follow-up visit.

Please schedule a follow-up visit as soon as possible to discuss prevention and treatment options, if you do not already have one scheduled.

Please consider enrolling in an evidence-based local diabetes prevention program to help support your efforts to lose weight. Call Inland Northwest Health Services (INHS) at [509-232-8138](tel:509-232-8138) or go to courseregistration.inhs.org to register.

PREDIABETES?

- 1** How old are you?
 Less than 40 years (0 points)
 40—49 years (1 point)
 50—59 years (2 points)
 60 years or older (3 points)
- 2** Are you a man or a woman?
 Man (1 point) Woman (0 points)
- 3** If you are a woman, have you ever been diagnosed with gestational diabetes?
 Yes (1 point) No (0 points)
- 4** Do you have a mother, father, sister, or brother with diabetes?
 Yes (1 point) No (0 points)
- 5** Have you ever been diagnosed with high blood pressure?
 Yes (1 point) No (0 points)
- 6** Are you physically active?
 Yes (0 points) No (1 point)
- 7** What is your weight status?
 (see chart at right)

Write your score in the box.

Add up your score.

4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)
You weigh less than the amount in the left column (0 points)			

Adapted from Bang et al. *Ann Intern Med* 151:775-783, 2009.
 Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher:

You're likely to have prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanic/Latinos, American Indians, Asian Americans and Pacific Islanders.

Higher body weights increase diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest of the general public (about 15 pounds lower).

Here's the good news: it is possible with small steps to reverse prediabetes - and these measures can help you live a longer and healthier life.

If you are at high risk, the best thing to do is contact your doctor to see if additional testing is needed.

Visit DoIHavePrediabetes.org for more information on how to make small lifestyle changes to help lower your risk.

For more information, visit us at

DoIHavePrediabetes.org



REVIEW OF SYSTEMS

Please circle yes if you have any of these symptoms:

A. General

Fever Yes/No
Chills Yes/No
Weight Loss Yes/No
Malaise/Fatigue Yes/No
Sweating Yes/No
Weakness Yes/No

B. Skin

Rash Yes/No
Itching Yes/No

C. Head/Ears/Nose/Throat

Headaches Yes/No
Hearing Loss Yes/No
Ringing In Ear Yes/No
Ear Pain Yes/No
Ear Discharge Yes/No
Nosebleeds Yes/No
Congestion Yes/No
Noise w/Breathing Yes/No
Sore Throat Yes/No

D. Eyes

Blurred Vision Yes/No
Double Vision Yes/No
Photophobia Yes/No
Eye Pain Yes/No
Eye Discharge Yes/No
Eye Redness Yes/No

E. Endo/Heme/Allergy

Easy bruise/bleed Yes/No
Environ. Allergies Yes/No
Excessive Thirst Yes/No

F. Cardiovascular

Chest Pain Yes/No
Palpitations Yes/No
SOB w/lying flat Yes/No
Leg Cramps Yes/No
Leg Swelling Yes/No
Severe SOB (PND)..... Yes/No

G. Respiratory

Cough Yes/No
Coughing up blood..... Yes/No
Sputum Production Yes/No
Shortness of Breath Yes/No
Wheezing Yes/No

H. Gastrointestinal

Heartburn Yes/No
Nausea Yes/No
Vomiting Yes/No
Abdominal Pain Yes/No
Diarrhea Yes/No
Constipation Yes/No
Blood in Stool Yes/No
Dark Stool Yes/No

I. Genitourinary

Painful Urination Yes/No
Urgency Yes/No
Frequency Yes/No
Blood in Urine Yes/No
Flank Pain Yes/No

J. Musculoskeletal

Muscle Pain Yes/No
Neck Pain Yes/No
Back Pain Yes/No
Joint Pain Yes/No
Falls Yes/No

K. Neurological

Dizziness Yes/No
Tingling Yes/No
Tremor Yes/No
Sensory Change Yes/No
Speech Change Yes/No
Focal Weakness Yes/No
Seizures Yes/No
Loss Of Consciousness..... Yes/No

L. Psychiatric

Depression Yes/No
Suicidal Ideas Yes/No
Substance Abuse Yes/No
Hallucinations Yes/No
Nervous/Anxious Yes/No
Insomnia Yes/No
Memory Loss Yes/No