

PHYSICIAN ORDER FOR DIABETES SELF-MANAGEMENT TRAINING SERVICES (OUTPATIENT)

I am referring: _____ for medically necessary outpatient self-management training. Insurance / Health Plan _____ Insur. ID # _____ Authorization # _____ Date of Birth _____ Social Security # _____ Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Cell Phone # _____ Daytime Phone # _____ Evening Phone # _____ Home Address _____ Height _____ Weight _____
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DIAGNOSIS: 250.01 Diabetes type 1 controlled 250.00 Diabetes type 2 controlled 277.7 Dysmetabolic syndrome
 250.03 Diabetes type 1 uncontrolled 250.02 Diabetes type 2 uncontrolled 790.20 Abnormal GT (pre-diabetes)

MEDICAL STATUS AND / OR COMPLICATIONS:

<input type="checkbox"/> Newly diagnosed	<input type="checkbox"/> Severe hypo / hyperglycemia	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Sexual
<input type="checkbox"/> New to Insulin	<input type="checkbox"/> Nephropathy	<input type="checkbox"/> Foot problem	<input type="checkbox"/> Gastroparesis
<input type="checkbox"/> Obesity	<input type="checkbox"/> New to oral anti-diabetes agents	<input type="checkbox"/> Retinopathy	<input type="checkbox"/> Neuropathy
<input type="checkbox"/> Other: _____			

PLAN OF CARE

Comprehensive Diabetes Self-Management (10 hours) – includes:

• Assessment and introduction to behavior change	• Evaluating diabetes control	• Physical activity
• Diabetes overview and treatment	• Chronic complications	• Foot care
• Basics of nutrition	• Acute complications	

Pre-diabetes (impaired glucose tolerance (3 hours)) – includes:

• Assessment and introduction to behavior change	• Weight management	• Physical activity
• Basic meal planning	• Hyperlipidemia	

Individual Modules (1 hour each unless otherwise noted):

Nutrition and Carbohydrate counting

Self-blood glucose monitoring

Weight Management related to Diabetes

Insulin initiation (1.5 hours): Insulin type(s), dose(s), and time: _____
 Patient to continue oral medications? Yes No _____

Insulin pump instructions (6.5 hours): Specify model name _____ Basal rate(s) _____ Bolus: _____

Please provide individual education sessions as patient unable to benefit from group classes due to severe impairment of sight, speech, language, or hearing, cognitive, physical or emotional limitations. (Please circle appropriate descriptor.)

RECENT RESULTS	<input type="checkbox"/> FBS _____ Date _____	<input type="checkbox"/> A1C _____ Date _____	<input type="checkbox"/> Blood Pressure _____ Date _____	<input type="checkbox"/> Cholesterol _____ <input type="checkbox"/> HDL _____	<input type="checkbox"/> LDL _____ Trig _____	Date _____
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In case of hypoglycemia, follow outpatient hypoglycemia protocol. See protocol on reverse side.

Physician Signature: _____ **Date:** _____ **Time:** _____ **Phone:** _____

Please fax completed form to 262-928-5576 and call 262-928-4695 to confirm receipt of fax



Outpatient Hypoglycemia Protocol

- Diabetes clinicians are to monitor patients for symptoms of hypoglycemia and be aware of conditions that may precipitate hypoglycemia. If hypoglycemia is suspected, the clinician is to perform a finger stick blood glucose on the patient. If able, the patient is to perform the test on self with own meter. Hypoglycemia may also be detected when patients are being trained in the use of a blood glucose meter.
- Implementation of the Hypoglycemia protocol is to occur when the patient meets the criteria defining hypoglycemia. Glucose tablets or gel (the preferred treatment) can be found in the classroom cabinet marked accordingly. Carbohydrate containing foods/liquids can be found in the refrigerator.
- Hypoglycemia** is defined as:
 - Mild - Moderate: Any blood glucose > 70 mg/dL and/or with signs / symptoms including: shakiness, tachycardia, sweating, nervousness, dizziness, irritability, complaints of being hungry, impaired vision, weakness, fatigue or headache.
 - Severe: Any blood glucose that the patient would not be able to self-treat. A severe reaction is associated with a change in Mental status rendering the patient incapable of self-treatment of the hypoglycemic episode.
- Intentions:**

Intervention is based on whether the hypoglycemia is mild - moderate or severe and if the patient is an adult, child, or pregnant.

 - Mild - Moderate Hypoglycemia Treatment is the same for non-pregnant adult and child.** Treatment is as follows:
 - If mealtime, have patient eat immediately
 - If not mealtime, give 15 grams carbohydrate (CHO) - have patient chew 3 (three) glucose tablets (5 grams glucose each), **OR** give one half cup of apple juice or non-diet soda.
 - Re-test finger stick blood glucose in 10-20 minutes. If finger stick blood glucose is less than 70 mg/dL, repeat treatment and re-test every 10-20 minutes until hypoglycemia is resolved (greater than or equal to 70mg/dL).
 - If more than 1 (one) hour until next meal, give patient 6 (six) crackers and 2 (two) tablespoons peanut butter.
 - If patient is being treated with acarbose (Precose) or Miglitol (Glyset), treatment must be with glucose tablets.
 - Severe Hypoglycemia Treatment for Non-pregnant Adult or Child immediately initiate the following treatment:**
 - If patient is able to swallow and is conscious, treat as a mild - moderate until resolved.
 - If patient is unconscious or unable to swallow, observe seizure/vomiting precautions and call 6666. Have patient immediately transported to ED.
 - Notify Physician.
- Mild - Moderate Hypoglycemia Treatment for Pregnant Women:**
 - If mealtime, have patient eat immediately.
 - If finger stick blood glucose is less than 70 mg/dL, do not treat. Re-test in 15 minutes. Notify physician if symptoms continue despite finger stick blood glucose being greater than 60 mg/dL.
 - For asymptomatic blood glucose of less than 70 mg/dL, give 8 ounces of skim milk **OR** have patient chew 2 (two) glucose tablets (equal to 10 grams CHO). Reassess finger stick blood glucose in 15 minutes.
 - For symptomatic blood glucose less than 70 mg/dL give 8 ounces of skim milk **OR** have patient chew 2 (two) glucose tablets (equal to 10 grams of CHO). Repeat finger stick blood glucose in 15 minutes and retreat if finger stick blood glucose is still below 70 mg/dL. Notify physician.
- Severe Hypoglycemia Treatment for Pregnant Women:**
 - If patient is unconscious or unable to swallow, observe seizure/vomiting precautions and call 6666 or have patient immediately transported to ED.
 - Notify Physician.
- Reporting:**

The physician managing the diabetes should be notified for any unresolved hypoglycemia. Any occurrence of severe hypoglycemia should be reported to the physician as soon as possible.
- Documentation:**

The diabetes clinician managing the episode is responsible for documenting the occurrence and treatment on a Progress Note in the Patient Education Record.

