

FOLLOW-UP OF PATIENTS WITH ESTABLISHED DIABETES

The Annual Review Visit

Clinical

- | | | |
|------------------------|---|---|
| Height & Weight | - | for calculation of Body Mass Index (kg/m ²). |
| Blood pressure | - | measure more frequently than annually if hypertensive. |
| Foot inspection | - | including podiatrist review if considered 'at risk' (see page 49). Check general foot hygiene and check for foot deformity and examine shoes for suitability and signs of uneven wear |
| Peripheral pulses | - | record presence or absence of pedal pulses in each limb. |
| Peripheral nerves | - | ask for history of pain, tingling or numbness |
| | - | check vibration sensation using 128 cycles/sec tuning fork. |
| | - | record presence/absence of ankle jerks |
| | - | use 10g monofilament to test metatarsal heads and big toe (see page 51). |
| Eyes | - | visual acuity and digital retinal photograph |
| | - | |
| Risk factor assessment | - | Review alcohol consumption, smoking habits, diet, and coronary heart disease risk factors where relevant. |

Laboratory

- | | | |
|-------------------|---|---|
| Glycaemic Control | - | HbA1c |
| Renal function | - | Urea, Electrolytes and Creatinine. |
| Lipids | - | Total Cholesterol, HDL-cholesterol and Triglycerides (non-fasting). |
| Urinalysis | - | use specific 'stix' to test for blood, protein, nitrite (presence of infection). If no proteinuria, send random (or better, first morning) urine sample (plain universal) to laboratory for albumin:creatinine ratio. |

Other

Home Monitoring Results

- | | |
|------------------------------|---|
| Diet and Nutritional Review: | by Practice Nurse or Dietitian if required. Consider referral to dietitian if specific problems/issues e.g. obesity, poor glycaemic control, raised lipids, poor compliance /understanding of diet, change in therapy e.g. oral agents to insulin, or individuals who have not had formal dietary review for 3 or more years. |
|------------------------------|---|

Education Update: [See page 52](#) for checklist

Drug Therapy: Review need for treatment adjustment

The Routine Outline Visit

Frequency of routine visits will vary. In general every 6-12 months for uncomplicated patients will suffice. More frequent visits may be necessary depending on presence of risk factors, specific diabetes complications or monitoring of treatment changes. Assessment usually involves the following:

- Weight (for Body Mass Index)
- Urinalysis
- HbA1c
- Discussion of home monitoring results
- Diabetes treatment review
- Blood pressure.
- Review previously abnormal results
- Review diet history