DIABETES MANAGEMENT BOOK

Please take this book with you to all health related visits.

This record belongs to:	Your Diabetes Team:	
Name:	GP:	Phone:
Address:	Diabetes Educator:	
	Dietitian:	
Phone:	Podiatrist:	
In case of emergency please contact:	Ophthalmologist/ Optometrist:	
Name:	Physiotherapist:	
Relationship:	Pharmacist:	
Phone:	Diabetes Specialist:	
Second Emergency Contact	Others:	
Name:		
Relationship:		
Phone:	MY VIC ROADS MEDICAL REPORT & FIT DRIVE IS VALID UNTIL:	
MEDICARE Number:		
NDSS number:		

Please bring this book to every appointment.

This information is confidential.

Copies of this record can be downloaded from the Wimmera Primary Care Partnership website at www.wimmerapcp.org.au

DIABETES	Annual Cycle Of Care SUM	IMARY			√c	omplete th	is with yoເ	ır health tea	ım
Name:	Com	plication/P	Past History :						
Test	Description	Recomm Freq.	Ideal	Results/ Date	Results/ Date	Results/ Date	Results/ Date	Results/ Date	Attention
BGL	Blood glucose level.(Fasted)	12 mths	4-6 mmol/L (fasting)						
HbA1c	A blood test that gives an <u>average</u> of your blood glucose level over the past 3 months. It is given as a percentage.	3-6 mths	Less than 7%						
Cholesterol	Measure of fat in the blood. People with diabetes need to have low levels to reduce risk of heart disease and stroke	12 mths	Chol:<4.0mmol/L HDL: >1.0mmol/L LDL:<2.5mmol/L Triglyc: <1.5 mmol/L						
Blood Pressure	Good blood pressure control will reduce the risk of heart attack, stroke, kidney disease and vision impairment	6 mths	130/80 mmHg or less						

	•	Freq.		Date	Date	Date	Date	Date	
BGL	Blood glucose level.(Fasted)	12 mths	4-6 mmol/L (fasting)						
HbA1c	A blood test that gives an <u>average</u> of your blood glucose level over the past 3 months. It is given as a percentage.	3-6 mths	Less than 7%						
Cholesterol	Measure of fat in the blood. People with diabetes need to have low levels to reduce risk of heart disease and stroke	12 mths	Chol:<4.0mmol/L HDL: >1.0mmol/L LDL:<2.5mmol/L Triglyc: <1.5 mmol/L						
Blood Pressure	Good blood pressure control will reduce the risk of heart attack, stroke, kidney disease and vision impairment.	6 mths	130/80 mmHg or less						
Body Mass Index (BMI) & Waist size	This measure helps work out your ideal weight. Goal waist circumference of less than 85cm for females & 100cm for males.	6 mths	<25kg/m² where practical 85cm women 100cm men						
Kidney's	Microalbumin, Urea, Creatinine and eGFR readings in the urine are tested to look for kidney damage and function.	12 mths	Urea: 3-10 mmol, Creatinine: 40-80 mmol, Microalb: 0- 25 eGFR: >60						
Foot	Comprehensive assessment conducted by Podiatry to evaluate circulation, sensation (ability to detect injury) and footwear.	12 mths	Circulation Sensation ankle/ brachial index	L foot R foot	□ At Risk Foot				
Alcohol & Smoking	It's important to reduce alcohol intake and have at least one alcohol free day a week.	12 mths	≤ 2 standard drinks per day Non smoker						
Physical Activity/ Diet	A healthy diet and regular exercise is the key to any successful management plan for diabetes. Weight training is very beneficial for diabetes. This will help reduce blood glucose levels and weight.	more days ≥150mins	vity on 5 or a week total gh fibre, low GI						
Eyes- specialist	The blood vessels in the eye are very sensitive to high sugar levels and can start to leak and clog up. Leading to blindness and complications such as glaucoma, cataracts, retinopathy.	Yearly chec by ophthal- mologist or optometrist	ks Acuity Retinopathy	L Eye R Eye					

		ould like to ask your hea		ou complete this	
Date	Issue / problem / question	Goal	Target Date	Actions to be Taken	Services Involved

			etween health professionals (client and family members we	
Date	From	То	Comments	

Personal Planner √ You complete this

Practitioner	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
	2008					2009	9															
GP																						
Diabetes																						
Educator																						
Dietitian																						
Podiatrist																						
Optometrist																						
Vic Roads Medical check																						
Others																						

GENERAL PRACTITIONER

Please insert a copy of your GP Management Plan and/or Team Care Arrangements here

TEST RESULTS

Please insert any test results you have here

MEDICATIONS – Changes to be noted on Team Feedback Sheet $\sqrt{\text{Complete this with your health team}}$

Include all types of tablets, eyedrops,	Purpose	mg, mcg, mls etc	A	mount -	- now m	nuch	& finish date	Instructions
tablets, eyedrops, herbal, ointments, puffers, vitamins			Morn	Noon	Tea	Bed		
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								
DATE:								

Diabetes Educator Checklist

$\sqrt{\mbox{Diabetes educator completes this}}$

Category	Comments/Date
□ Understanding Diabetes	
□ Blood Glucose Monitoring	
Testing times and sharps	
□ Meter: What model & what strips go in it	
□ Exercise	
□ Oral Medications	
□ Insulin	
□ Hypoglycaemia/ Hyperglycaemia	
Oial Dava	
□ Sick Days	
□ Potential Complications	
□ Travel information and Driving	
Thaver information and briving	
□ Self Management	
NDSS registered	
□ NDSS registered	

Podiatry Checklist

√ Podiatrist completes this

Category	Comments/Date
□ Diabetic Control	
□ History of ulceration / amputation /	
other skin lesions (callous and	
corns)	
- Neurological (consetion)	
□ Neurological (sensation) assessment	
docoment	
□ Peripheral Arterial (Circulation)	
status – need for compression?	
□ Gait Assessment	
□ Foot deformity / nail condition	
2 i det delemmy / maii demanderi	
- Footwoor	
□ Footwear	
□ Recommended review period	

PODIATRY

Assessment Date:
IDENTIFIED RISK FACTORS FOR ULCERATION / AMPUTATION (Reference: National Evidence Based Guideline for Detection and Prevention of Diabetes Foot Problems, 2005)
Peripheral Neuropathy: Loss of sensation assessment using 10g Semmes-Weinstein monofilament
Peripheral Vascular Disease:
Ankle Brachial Pressure Index R: L:
Previous Lower Limb Amputation Site: RIGHT RIGHT RIGHT LEFT RIGHT LEFT RIGHT LEFT
☐ Foot Deformity
Callous Formation
History of Foot Ulceration Site: RIGHT RIGHT RIGHT LEFT RIGHT LEFT RIGHT
Poor Glycaemic Control
Recommended Review Period: 3 monthly 6 monthly 12 monthly

Dietitian Checklist

$\sqrt{}$ Dietitian completes this

Category	Comments/Date
□ Diet History review	
□ Carbohydrates (CHO)	
□ Glycaemic Index (GI)	
□ Fats & Cholesterol	
□ Serve Sizes/ Meal Pattern	
□ Fibre	
□ Alcohol	
□ Exercise	
□ Hypo Management	
□ Label Reading	

Optometry Checklist

$\sqrt{\text{Optometrist completes this}}$

Date Examined:	 	Referred to Ophthalmologist: Dr
	ed Vision was RE LE am/pm were RE LE	Recall for review:
□ Dilated		Comments:
☐ No Retinopathy		
NPDR Non-proliferative Diabetic retinopathy)	
☐ Minimal	\square CSME clinically significant macular oedema	
☐ Mild	☐ Threatened CSME	
☐ Moderate	☐ Cataract	
☐ Severe	☐ Glaucoma	
☐ PDR High risk prolifera	tive diabetic retinopathy	
<u> </u>		
Date Examined:		Referred to Ophthalmologist: Dr
Date Examined: Unaide	ed Vision was RELE	Referred to Ophthalmologist: Dr
Date Examined: Unaide		Referred to Ophthalmologist: Dr
Date Examined: Unaide Intraocular pressures at	ed Vision was RELE	Referred to Ophthalmologist: Dr
Date Examined: Unaide Intraocular pressures at Dilated	ed Vision was RELE am/pm were RELE	Referred to Ophthalmologist: Dr
Date Examined: Unaide Intraocular pressures at Dilated No Retinopathy	ed Vision was RELE am/pm were RELE	Referred to Ophthalmologist: Dr
Date Examined: Aided Vision Unaide Intraocular pressures at Dilated No Retinopathy NPDR Non-proliferative Diabetic retinopathy	ed Vision was RELEam/pm were RE LE	Referred to Ophthalmologist: Dr
Date Examined: Aided Vision Unaided Intraocular pressures at Dilated No Retinopathy NPDR Non-proliferative Diabetic retinopathy Minimal	ed Vision was RE LEam/pm were RE LE CSME clinically significant macular oedema	Referred to Ophthalmologist: Dr
Date Examined: Aided Vision Unaided Intraocular pressures at Dilated No Retinopathy NPDR Non-proliferative Diabetic retinopathy Minimal Mild	ed Vision was RE LEam/pm were RE LE CSME clinically significant macular oedema Threatened CSME	Referred to Ophthalmologist: Dr