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Certified Diabetic Self-Management Education Program  
A Certified 2006

	TEST / ACTIVITY /GOAL	YOUR RESULTS	YOUR RESULTS	WHAT TO DO NEXT
A.	<b>A1c: &lt;7</b> Average blood sugar over past 3 months.	____/____/____ <b>A1c:</b>	____/____/____ <b>A1c:</b>	<ul style="list-style-type: none"> <li>- Check blood sugar at least 2x/day</li> <li>- Lower weight</li> <li>- Physical activity</li> <li>- Take medication as directed</li> <li>- Avoid smoking</li> </ul>
	<b>Aspirin: 1 Daily.</b>	Taking Aspirin daily? Y N		<ul style="list-style-type: none"> <li>- Discuss alternatives with provider</li> </ul>
B.	<b>Blood Pressure: &lt;130/80</b> High blood pressure makes heart work harder.	____/____/____ BP  WT _____ HT _____ ACE / ARB	____/____/____ <b>BP</b>  ACE / ARB	<ul style="list-style-type: none"> <li>- Lower weight</li> <li>- Physical activity</li> <li>- Take medication as directed</li> <li>- Avoid smoking</li> <li>- Low salt diet</li> </ul>
C.	<b>Cholesterol: LDL: &lt; 100</b> LDL (bad cholesterol) can build up and clog blood vessels that carry blood away from the heart.	____/____/____ <b>LDL</b>  STATIN		<ul style="list-style-type: none"> <li>- Avoid fried and fatty foods</li> <li>- Lower weight</li> <li>- Physical activity</li> <li>- Take medication as directed</li> <li>- Avoid smoking</li> </ul>
D.	<b>Dental Care: Exam 2/yr.</b> Gum disease (infection in your gums) can make your blood sugar results go higher.	Date of last dental exam: ____/____/____	____/____/____	<ul style="list-style-type: none"> <li>- Get regular checkups 2 times a year (even if you wear dentures)</li> <li>- Brush and floss AM &amp; PM</li> </ul>
	<b>Depression: Screen yearly.</b> Feeling sad or hopeless	____/____/____ PHQ-2 + / -	During the last month; felt down/depressed. Y/N Little interest or felt hopeless. Y/N	<ul style="list-style-type: none"> <li>- Discuss with provider</li> </ul> PHQ-9 ____ ____ ____/____/____
E.	<b>Eye Care: Dilated eye exam yearly.</b> Diabetes can cause more eye disease	Date of last eye exam: ____/____/____		<ul style="list-style-type: none"> <li>- Control BP</li> <li>- Control blood sugar</li> <li>- Yearly eye exam</li> </ul>
	<b>Education – Diabetes yearly,</b>	Date of Diabetes education: ____/____/____	Date of Nutrition educ.: ____/____/____	<ul style="list-style-type: none"> <li>- Testing Blood sugars</li> <li>- ____ times/day</li> </ul>
F.	<b>Foot Care: Yearly.</b> People with diabetes can have nerve damage in their feet resulting in less feeling of pain, heat, or cold	Date of last foot exam: ____/____/____	-Check feet daily for sores or reddened areas -Wear sturdy protective shoes	
G.	<b>Goal for Managing Your Diabetes:</b>	<b>Goal: Fasting/Premeal 70-100mg/dl. Post meal &lt;160mg/dl.</b>		
H.	<b>Health Maintenance Exam:</b>	Smoker Y N  Referral/Medication To Stop ____/____/____		<ul style="list-style-type: none"> <li>- Yearly Exam</li> <li>- Avoid smoking</li> </ul>
I.	<b>Immunizations:</b>	Tdap ____/____/____ Flu ____/____/____ Pneumovax ____/____/____		<ul style="list-style-type: none"> <li>- Other: _____</li> </ul>
K.	<b>Kidney Care: Blood and urine test 1 time a year.</b>	MARU result _____ ____/____/____		<ul style="list-style-type: none"> <li>- Control blood pressure</li> <li>- Control sugar level</li> <li>- Control salt intake</li> </ul>