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The following organizations support this guideline for use by the New Mexico health care community:

- Albuquerque Indian Health Service
- American Diabetes Association New Mexico and El Paso Area
- American Diabetes Association
- American Heart Association—New Mexico
- Blue Cross and Blue Shield of New Mexico and HMO New Mexico
- Hidalgo Medical Services—La Vida Diabetes Program
- Lovelace Clinic Foundation
- Lovelace Health Plan
- Lovelace Sandia Health Systems
- Molina Healthcare of New Mexico
- New Mexico Academy of Family Physicians
- New Mexico Chapter American College of Physicians
- New Mexico Department of Health
- New Mexico Diabetes Advisory Council
- New Mexico Hispanic Medical Association
- New Mexico Hospitals and Health Systems Association
- New Mexico Human Services Department, Medical Assistance Division
- New Mexico Medical Review Association
- New Mexico Medical Society
- New Mexico Optometric Association
- New Mexico Primary Care Association
- New Mexico Public Health Association
- Presbyterian Health Care Services
- Presbyterian Insurance Company
- University of New Mexico Health Sciences Center
- Zia New Mexico Association of Diabetes Educators (ZADE)

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# New Mexico Diabetes Practice Guideline

This guideline has been developed by New Mexico Health Care Takes On Diabetes, a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health and the New Mexico Medical Review Association with technical advice and support from the American Diabetes Association.



This guideline is not meant to be comprehensive. It is designed to quickly summarize elements that, at a minimum, should be considered in the care plan of most persons with diabetes.

Frequency	Procedure/Test	Action or Goal
Every Visit	Interval history	Review glucose testing log and hypoglycemic episodes
	Blood pressure	< 130/80 mmHg
	Weight	Obtain weight or BMI
	Foot exam	Inspect skin for signs of pressure areas and breakdown
Quarterly to Semi-Quarterly	Medication review and adjustment	<ul style="list-style-type: none"> <li>• Glucose lowering medications</li> <li>• Antihypertensives</li> <li>• ACEI/ARB as indicated</li> <li>• Lipid controlling medications</li> <li>• Aspirin prophylaxis</li> </ul>
	A1C	Test 2-4 times per year, goal < 7%
At Least Once Each Year	Assessment of patient knowledge of diabetes, nutrition, and self-management skills	Provide or refer for training in self-management and nutrition
Annually	Foot risk assessment	Check pulses, conduct monofilament exam
	Nephropathy screening	<ul style="list-style-type: none"> <li>• For patients without known nephropathy, screen for microalbuminuria</li> <li>• Normal &lt; 30 mcg of albumin per mg creatinine</li> <li>• If nephropathy present, treat and monitor</li> </ul>
	Lipid profile	LDL < 100 mg/dl HDL > 40 mg/dl <sup>1</sup> Triglycerides < 150 mg/dl
	Retinal eye exam	Dilated retinal exam by ophthalmologist or qualified optometrist <sup>2</sup>

<sup>1</sup>For women, the American Diabetes Association recommends HDL > 50mg/dl

<sup>2</sup>Retinal photography is not endorsed by the American Diabetes Association. However, due to New Mexico's geography and economy, there may be times when access to an eye care professional is not feasible. Retinal photography that is read by an experienced ophthalmologist is potentially an alternative, although the role it plays in preventing eye disease has not been established.

Additional resources are available on the New Mexico Health Care Takes On Diabetes website, [www.nmtod.com](http://www.nmtod.com).

This guideline is based on the recommendations of the American Diabetes Association (ADA). For more information, including full documentation for the above clinical recommendations, consult the ADA website at [www.diabetes.org/cpr](http://www.diabetes.org/cpr) or contact the ADA at 1.800.DIABETES.

This guideline should not be construed as representing standards of care nor a substitute for individualized evaluation and treatment based on clinical circumstances.