## Recommended Goals for Optimal Diabetes Care

Guidelines developed by the American Diabetes Association



Effective self-management of diabetes is proven to reduce the risk of serious complications. Doing so can improve the length and quality of your life.

Strive for good outcomes! If you do not know how you're doing, find out, and record your findings here to track them. All diabetics have work to do. Embracing that work can lead to a healthy and rewarding life.

Your current test results and condition can help you gauge whether your diabetes care is adequate and may suggest areas for discussion at your next diabetes appointment.

Please work with your provider or diabetes educator the first time you use these guidelines to make sure you understand the goals. If you feel you are unable to reach a goal, speak to your provider or case manager so they can help you succeed.

Recommended goals begin on Pg. 2.

On the last page you'll find a tracking sheet to help monitor your progress over time.



Health Focus Area	Recommended Goals	My Results			
Blood Pressure (BP) test Measures the pressure in your arteries as your heart pumps.	Goal: Check BP at every healthcare visit, and get treatment if either number is higher than 130/80.  Why? Normal blood pressure protects your kidneys and heart.	/			
Average Blood Glucose (A1C) Measures percentage of your blood hemoglobin that is coated with glucose (sugar). This test reflects your average blood sugar level for the past 2-3 months.	Goal: Less than 7%, unless you are troubled by low blood glucose levels.  Measure twice a year, or every 3 months if result is greater than 7% or if treatments change.  Why? A lower A1C level reflects better blood sugar control and reduces your complications.	%			
Physical Activity	Goal: 150 minutes (2 1/2 hours) weekly of moderately intense aerobic activity (brisk walking, swimming, cycling, etc.).  Why? Activity helps you maintain a healthy weight and improves cardiovascular fitness, in turn helping to keep your diabetes under control. It also improves balance, coordination, and overall well-being.	I had minutes of physical activity in the last 7 days.			
Annual Kidney Disease Screenings A urine test measures albumin (a protein), and a blood test reveals levels of creatinine (a metabolic waste product). The Microalbumin/Creatinine Ratio (MACR) and calculated Glomerular Filtration Rate (GFR) are good indicators of kidney function.	Goal: MACR should be less than 30 mg/gm (if higher, see "Medications" below). Serum creatinine and calculated GFR normal values vary by age and other factors; ask your provider.  Why? Diabetes puts you at risk for kidney disease, and a high MACR can indicate loss of kidney function. Normal BP and A1C values (above) help to decrease this risk.	MACR:  mg/gm  Serum Creatinine:  mg/dl  Calculated GFR:  ml/min			
MEDICATIONS: If your MACR is 30 mg/gm or higher, medications may be prescribed to relax blood vessels and reduce the risk of kidney failure. There are two kinds: ACE (Angiotensinconverting enzyme) Inhibitors and Angiotensin II Receptor Blockers (ARBs).	YOUR PROVIDER MAY PRESCRIBE:an ACE Inhibitor if you have Type 1 or 2 diabetes. Examples include benazepril (Lotensin); enalapril (Vasotec); lisinopril (Prinivil, Zestril); and ramipril (Altace)or an ARB if you have Type 2 Diabetes. A few examples are irbesartan (Avapro); losartan (Cozaar); and telmistartan (Micardis).				

Health Focus Area	Recommended Goals	My Results		
Diabetes Self-Management Education (DSME) Education is provided when diabetes is diagnosed, and as needed thereafter.	Goal: Seek DSME regularly!  Why? The best way to manage your diabetes is to be a well-informed patient. Health insurers (including New West) cover up to \$250 in DSME each year as required by state law with no deductible or copayments.	I last received DSME on (date): DSME could help me reach my goal of:		
Screening for Blood Lipids (Cholesterol & Triglycerides) LDL (low-density lipoprotein) or "bad" cholesterol can build up on artery walls. HDL (high-density lipoprotein), "good" cholesterol, helps prevent clogged arteries. Triglycerides are lipids that store excess calories in your blood.	Goal: Maintain good cholesterol and triglyceride levels:  LDL: Less than 100mg/dl (or 70mg/dl if history of angina or heart attack).  HDL: Greater than 50mg/dl  Triglycerides: Less than 150mg/dl.  (If outside these ranges, OR if you are over age 40, see "Medications" below.)  Why? Diabetes puts you at risk for cardiovascular disease. Healthy lipid levels reduce that risk.	LDL: mg/dl HDL: mg/dl Triglycerides: mg/dl		
MEDICATIONS: All people with diabetes over age 40 should be on a statin (cholesterol-lowering drug), regardless of cholesterol levels. After your initial lipid screening, lipids should be measured upon diagnosis, at each diabetes check, anytime your medication changes, and every 1-2 years when stable.	Some examples of statin drugs: atorvastatin (Lipitor); simvastatin (Zocor); lovastatin (Mevacor); pravastatin (Pravachol); and rosuvastatin (Crestor). Note: Lower-cost generic versions of many statins are available.	My statin is:		
Annual detailed foot exam to check for neuropathy (damage to nerve fibers).  Exam should include:  1) Sensation testing with nylon filament.  2) Vibratory sensation testing with tuning fork.  3) Reflex testing at ankles and knees.  4) Visual inspection for redness or sores.	Goal: Have a detailed foot exam every year, and a visual inspection at every visit. If your provider forgets, take off your shoes and socks and request an exam.  Why? Neuropathy is a serious complication of diabetes. It is caused when excess sugar in the bloodstream damages the walls of tiny blood vessels that nourish your nerves, especially in the legs and feet, which can result in amputation.	My last detailed foot exam was on (date):		

Health Focus Area	Recommended Goals	My Results  My last annual exam by an optometrist or opthalmologist was on (date):		
Annual dilated eye exam to check for signs of eye disease.	Goal: Get a dilated eye exam each year.  Why? Diabetes is the leading cause of acquired blindness. Keeping A1C levels at your goal and early detection and treatment of eye disease can reduce your risk.			
Self-Monitored Blood Glucose (SMBG) testing If you use multiple doses of insulin each day or an insulin pump, SMBG should be done 3 or more times daily. If you use less frequent insulin dosing, or non-insulin therapies, follow your provider's advice on SMBG.	Goal: Your provider will help you determine your target pre- and post-meal blood glucose levels. Usually these are:  Pre-meal: 80 to 120 mg/dl.  Post-meal: Less than 140 - 180 mg/dl (tested 2 hours after meal began).  Why? Keeping your diabetes in check will reduce the risk of diseases and conditions mentioned in this guide. SMBG is a useful guide to the success of therapy.	I test my blood glucose times daily.  My target glucose levels (mg/dl) are: Pre-meal: Post-meal: Bedtime:		
Immunizations Influenza (flu) vaccinations should be given annually. PPV (Pneumococcal pneumonia vaccine) is recommended for all diabetics over 2 years old.	Goal: Get a flu vaccine every year.  If you are over 64 years old and you received PPV more than 5 years ago, get a one-time re-vaccination.  Why? High blood sugar can weaken your immune system, making you more susceptible to pneumonia and flu.	I received a flu shot on (date):  I received PPV on (date):		

## **Diabetes Care: Self-Tracking Checklist**

Goal Area of Care	DATE	Goal was met?										
Blood Pressure (BP)												
Average Blood Glucose (A1C) >												
Physical Activity												
Screening for Kidney Disease ▶												
Diabetes Self- Management Education												
Screening for Blood Lipids ▶												
Annual Detailed Foot Exam ▶												
Annual Dilated Eye Exam ▶												
Self-Monitored Blood Glucose (SMBG) testing ▶												
Immunizations >												