

For Better Practice: Standing Orders

Use this tool to customize your standing orders for patients with diabetes. Check off the tasks needed and use the associated tools identified below and included in this toolkit. An interactive version of this tool is available on your CD-ROM and at <http://diabetes.acponline.org>. The interactive version will list only the interventions you select, providing distinct standing orders that are specific to each practice's needs.

- Place *Diabetes Care Flow Sheet* (in this chapter of the toolkit) in patient record.
- Update *Diabetes Care Flow Sheet* with information from the patient, chart, and services rendered (below).
- Attach completed *Diabetes History and Self-Management Checklist* (in this chapter of the toolkit) to front of patient's chart.
- Administer services for every visit according to the orders below:
 - Monitor and record blood pressure (on the same arm) every visit.
 - Measure and record the patient's weight or body mass index every visit.
 - If hemoglobin A1C value was not determined in the past 4 months, complete requisition and attach to patient's chart for physician approval.
 - If a urinalysis was not done in the past year:
 - Perform urine dipstick and record result in chart and flow sheet.
 - If urine is negative for protein, complete a requisition for urine microalbumin measurement and attach to patient's chart for physician approval.
 - If a lipid profile was not done in the past year:
 - Complete a requisition for a fasting lipid profile.
 - Attach the requisition to the patient's chart for physician approval.
 - If a dilated eye exam was not done in the past year, complete a referral for an ophthalmology/optometry dilated eye exam and send the *Diabetes Eye Examination Report* (in this chapter of the toolkit) with the referral.
 - If a foot examination was not done in the past year or if the patient complains of foot problems:
 - Ask the patient to remove his or her shoes and socks.
 - Perform a foot exam and record the results on the flow sheet. Foot exam to include:

- Palpating for the presence of dorsalis pedis and posterior tibial pulses
- Inspecting the skin of the feet for calluses, redness, warmth, ulcers, and ingrown toenails
- Using monofilament to check sensation
- Recording findings on the patient's flow sheet and foot chart and alerting the physician to any abnormalities
- Administer or arrange influenza vaccination (September through January).
 - Document absence of contraindications to influenza vaccine, including egg allergy, previous severe reaction, acute febrile illness, previous immunization against influenza during this flu season, or patient refusal.
 - If patient refuses vaccination, record reason for refusal in the chart.
 - Give influenza vaccine information statement and influenza vaccine 0.5 mL, intramuscularly if > age 12 years.
 - Record vaccine administration in the chart and the *Diabetes Care Flow Sheet*.
- Administer or arrange pneumococcal polysaccharide vaccine (PPV):
 - Initial PPV administration
 - Document absence of contraindications to the PPV, including patient refusal, or in certain circumstances, previous vaccination with PPV (see orders).
 - If patient refuses vaccination, record reason for refusal in chart.
 - Give PPV information statement and PPV 0.5 mL intramuscularly or subcutaneously.
 - Record PPV administration in the chart and the *Diabetes Care Flow Sheet*.
 - Second PPV administration
 - Provide second dose of PPV if patient is > age 65 years and received first dose when < age 65 years but more than 5 years ago.
 - Provide a second dose of PPV to patients who have the following conditions: damaged spleen or no spleen; sickle-cell disease; HIV or AIDS; cancer, leukemia, lymphoma, or multiple myeloma; kidney failure; nephrotic syndrome; an organ or bone marrow transplant. Also provide a second vaccine to those taking chemotherapy or

long-term corticosteroids, or if more than 5 years have elapsed since first dose. If patient refuses vaccination, record reason for refusal in chart.

- Give PPV information statement and PPV 0.5 mL intramuscularly or subcutaneously.
- Record PPV administration in the chart and the *Diabetes Care Flow Sheet*.
- Use the *Drugs for Primary or Secondary Cardiovascular and Kidney Disease Prevention Checklist* (in this chapter of the toolkit) to identify patients who may potentially benefit from medical therapy.
 - Attach the completed *Drugs for Primary or Secondary Prevention of Cardiovascular and Kidney Disease Checklist* to the front of the chart.