# Diabetes Minimum Practice Recommendations for Children and Adolescents

<table>
<thead>
<tr>
<th>Exam/Test/Counseling Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
</tbody>
</table>

**Suggested Result Codes:** O = Ordered, N = Normal, A = Abnormal, E = Done Elsewhere, R = Referred

## Complete History & Physical
- Initial visit and at clinician’s discretion

## Education and Counseling
- **Diabetes Education**
  - Initial visit and at clinician’s discretion
- **Medical Nutrition Therapy**
  - Initial visit and at clinician’s discretion
- **Exercise Counseling**
  - Initial visit and at clinician’s discretion

## Psychosocial Issues
- **Depression Screening**
  - Consider: Children’s Depression Symptom Inventory or Pediatric Symptom Checklist
  - Initial visit and at clinician’s discretion
- **Family Stressors**
  - Initial visit and at clinician’s discretion
- **Lifestyle/Behavior**
  - Tobacco Assessment:
    - At clinician’s discretion < 11 years old
    - Annually after >11 years old
- **Alcohol and Drug Use Assessment**
  - At clinician’s discretion < 11 years old
  - Annually after >11 years old
- **Sexual History**
  - At clinician’s discretion < 11 years old
  - Annually after >11 years old
  - Pap-pelvic when sexually active (every 1-5 yrs)

## Physical Examination
- **Growth (weight, height, BMI) & Development**
  - Every visit
- **Blood Pressure**
  - Target: <90% for height, age, and sex
  - Every visit
- **Foot Exam**
  - Visual inspection for skin and nail lesions, calluses, infections, deformities
  - Monofilament/128 Hz tuning fork
  - Pedal pulses
  - Annually at age 10 or after puberty (whichever is sooner) and diabetes for 5 years
- **Oral/Dental Inspection**
  - Refer for dental care annually or as needed
- **Dilated Funduscopic Eye Exam**
  - Type 1: At age 10 or after puberty (whichever is sooner) and diabetes for 3-5 years, after initial exam repeated annually or as indicated by eye specialist
  - Type 2: Initial visit and repeated annually or as indicated by eye specialist
- **Laboratory Studies**
  - **A1c**
    - Every 3 months
  - **Kidney**
    - Random spot albumin-to-creatinine ratio:
      - A random spot albumin-to-creatinine ratio >30mg/g should be confirmed with 2 out of 3 samples over a 6 month period
  - **Lipid Profile**
    - LDL (target < 100mg/dL)
      - Type 1: ≥10 year old, if abnormal monitor annually, if normal repeat every 3-5 years
      - Type 2: Initial visit after glycemic control has been established and every 2 years if initial results are normal
  - **Thyroid**
    - Type 1 only: TSH at Initial visit and annually
  - **Vitamin D (25-OH-Vit D)**
    - At clinician’s discretion
  - **Celiac (tissue transglutaminase & total serum IgA)**
    - Type 1: Initial visit, every 2-5 years, and if symptomatic
  - **Adrenal function**
    - At clinician’s discretion
# Diabetes Minimum Practice Recommendations for Children and Adolescents

Name: ______________________ ID#: ______________________ D.O.B.: ______________________ Sex: M F

Exam/Test/Counseling Schedule
Suggested Result Codes: O=Ordered, N=Normal, A=Abnormal, E=Done Elsewhere, R=Referred

<table>
<thead>
<tr>
<th>Type 2 Diabetes¹</th>
<th>PCOS</th>
<th>Initial visit, annually starting at puberty and at clinician’s discretion²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sleep apnea</td>
<td>Initial visit, annually and at clinician’s discretion³</td>
</tr>
<tr>
<td></td>
<td>Hepatic Steatosis</td>
<td>Initial visit², annually³ and at clinician’s discretion</td>
</tr>
<tr>
<td></td>
<td>AST (SGOT)/ALT (SGPT)</td>
<td>At clinician’s discretion²</td>
</tr>
<tr>
<td></td>
<td>Orthopedic complications</td>
<td>At clinician’s discretion²</td>
</tr>
</tbody>
</table>

¹ Diabetes Care 2016:39(Suppl. 1):S86-S93, [http://care.diabetesjournals.org/content/39/Supplement_1/S86](http://care.diabetesjournals.org/content/39/Supplement_1/S86)


Type 2 diabetes in the child and adolescent: [http://www.asped.org/chapters/3-Type%202%20diabetes%20in%20the%20child%20and%20adolescent.pdf](http://www.asped.org/chapters/3-Type%202%20diabetes%20in%20the%20child%20and%20adolescent.pdf)


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## Vaccines*

Vaccination of persons with high-risk conditions with PCV13 and PPSV23:

<table>
<thead>
<tr>
<th>Children ages 2-5</th>
<th>Children ages 6-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated or any incomplete schedule of fewer than 3 doses of PCV(PCV7 and/or PCV13)</td>
<td>Administer 2 doses of PCV13 at least 8 weeks apart</td>
</tr>
<tr>
<td>Incomplete schedule of 3 doses of PCV(PCV7 and/or PCV13)</td>
<td>Administer 1 dose of PCV13</td>
</tr>
<tr>
<td>4 doses of PCV7 or other age-appropriate complete PCV7 series</td>
<td>Administer 1 supplemental dose of PCV13</td>
</tr>
<tr>
<td>No history of PPSV23 vaccination</td>
<td>PPSV23 at least 8 weeks after the most recent dose of PCV13</td>
</tr>
</tbody>
</table>

All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.

The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.

Minimum age: 6 weeks for PCV13, 2 years for PPSV23

Routine vaccination with PCV13: Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.