

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

Complete History & Physical	Initial visit and at clinician's discretion	Date							
Family History	Initial visit and at clinician's discretion	Date							
Education and Counseling									
Diabetes Education ¹	Initial visit and at clinician's discretion	Date							
Medical Nutrition Therapy	Initial visit and at clinician's discretion	Date							
Exercise Counseling	Initial visit and at clinician's discretion	Date							
Psychosocial Issues									
Depression Screening Consider: Children's Depression Symptom Inventory or Pediatric Symptom Checklist	Initial visit and at clinician's discretion	Date							
Family Stressors ¹	Initial visit and at clinician's discretion	Date							
Lifestyle/Behavior ¹									
Tobacco Assessment	At clinician's discretion < 11 years old Annually after >11 years old	Date							
Alcohol and Drug Use Assessment	At clinician's discretion < 11 years old Annually after >11 years old	Date							
Sexual History	At clinician's discretion < 11 years old Annually after >11 years old Pap-pelvic when sexually active (every 1-5 yrs)	Date							
Physical Examination	Initial visit and at clinician's discretion	Date							
Growth (weight, height, BMI) & Development	Every visit	Date							
Blood Pressure Target: <90% for height, age, and sex	Every visit	Date Result							
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 ¹	Date Result							
Oral/Dental Inspection Refer for dental care annually or as needed	Every visit	Date Result							
Dilated Funduscopic Eye Exam (ophthalmology or optometry)	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 ¹ Type 2: Initial visit and repeated annually or as indicated by eye specialist ²	Date Result							
Laboratory Studies									
A1c ¹	Every 3 months See age specific A1c goals	Date Result							
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 ¹	Type 1: Annually after diabetes for 5 years ¹ Type 2: Initial visit and repeated annually ^{2,3}	Date Result							
Lipid Profile LDL (target < 100mg/dL)	Type 1: ≥10 year old, if abnormal monitor annually, if normal repeat every 3-5 years ¹ Type 2: Initial visit after glycemic control has been established and every 2 years if initial results are normal ²	Date Result							
Thyroid	Type 1 only ¹ : TSH at Initial visit and annually	Date Result							
Vitamin D (25-OH-Vit D)	At clinician's discretion ³	Date Result							
Celiac (tissue transglutaminase & total serum IgA)	Type 1: Initial visit, every 2-5 years, and if symptomatic ¹	Date Result							
Adrenal function	At clinician's discretion	Date Result							

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Type 2 Diabetes ¹									
PCOS	Initial visit, annually starting at puberty and at clinician's discretion ³								
Sleep apnea	Initial visit, annually and at clinician's discretion ³								
Hepatic Steatosis AST (SGOT)/ALT (SGPT)	Initial visit ² , annually ³ , and at clinician's discretion								
Orthopedic complications	At clinician's discretion ²								

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

² Management of Type 2 Diabetes Mellitus in Children and Adolescents. AAP February 2013, volume 131 issue 2, American Academy of Pediatrics: <http://www.pediatrics.org/cgi/doi/10.1542/peds.2012-3496>

³ Pediatric Diabetes 2014; 15(Suppl. 20):281-290, International Society for Pediatric and Adolescent Diabetes (ISPAD), Limited Care Guidance Appendix: <http://www.asped.org/chapters/21-Limited%20Care%20Guidance%20Appendix.pdf>

Type 2 diabetes in the child and adolescent: <http://www.asped.org/chapters/3-Type%20%20diabetes%20in%20the%20child%20and%20adolescent.pdf>

Other complications and diabetes-associated conditions in children and adolescents: http://www.auf-der-bult.de/fileadmin/media/docs/KIB-ARZ/diabetologie/Other_complications_2014.pdf

Vaccines*

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

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

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.

*Refer to CDC guidelines <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html> (2016)