

Pediatric Diabetes Care Path **(Ages 3-17)**

Screening and Diagnosis

Fasting plasma glucose every 3 years: Patients with high BMI (refer to Pediatric Obesity Care Path).

Fasting plasma glucose and/or Hgb A1C every 4 months: All patients at high risk for diabetes (BMI >30, CHD risk factors (obese, HTN, elevated lipids, first degree family history of type II diabetes). For patients with family history of cardiovascular risk, screen every other year.

Pediatric Diabetes is defined as Fasting Plasma Glucose > 126 mg/dL, Random Plasma Glucose > 200 mg/dL, Plasma Glucose > 200 mg/dL 2 hours after oral glucose tolerance test, or Hgb A1C > 6.5%.

Treatment

Goals:

- A1C less than population-specific goal (7%)
- LDL less than 100 mg/dL
- For ages 3-5 Blood Pressure less than 104-116/63-74 mmHg
- For ages 6-9 Blood Pressure less than 108-121/71-81 mmHg
- For ages 10-18 Blood Pressure less than 114-127/77-83 mmHg

Exams:

- Chronic Disease Management (CDM) visit every 6 months
- Annual diabetic eye exam

Labs and Imaging:

- A1C- 3 times annually
- Fasting lipids annually if family history of hyperlipidemia or diabetes
- Urine albumin/creatinine ratio bi-annually
- Celiac disease checks every 2 years after initial onset of diabetes

Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the "ACO") in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

Patient Engagement:

- Offer diabetic education annually
- Offer reconciled medication list and after visit summary at the conclusion of each visit

Specialist Consult

When to Refer:

- Refer to endocrinologist when diagnosed with diabetes

Evaluation to Consider

- Age appropriate depression screening

References:

1. intermountainphysician.org/ClinicalPrograms or intermountain.net/ClinicalPrograms.2013. (Document referred.) Date accessed 8/18/2014.

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