PHYSICIAN ORDER FOR DIABETES
SELF-MANAGEMENT TRAINING SERVICES (OUTPATIENT)

I am referring: __________________ for medically necessary outpatient self-management training.
Insurance / Health Plan __________________
Insur. ID # __________________ Authorization # __________________
Date of Birth __________________ Social Security # __________________
Preferred Language: ☐ English ☐ Spanish ☐ Other __________________
Height ________ Weight ________

DIAGNOSIS: ☐ 250.01 Diabetes type 1 controlled ☐ 250.00 Diabetes type 2 controlled ☐ 277.7 Dysmetabolic syndrome
☐ 250.03 Diabetes type 1 uncontrolled ☐ 250.02 Diabetes type 2 uncontrolled ☐ 790.20 Abnormal GT (pre-diabetes)

MEDICAL STATUS AND / OR COMPLICATIONS:
☐ Newly diagnosed ☐ Severe hypo / hyperglycemia ☐ Cardiovascular Disease ☐ Sexual
☐ New to Insulin ☐ Nephropathy ☐ Foot problem ☐ Gastroparesis
☐ Obesity ☐ New to oral anti-diabetes agents ☐ Retinopathy ☐ Neuropathy
☐ Other: __________________

PLAN OF CARE

☐ Comprehensive Diabetes Self-Management (10 hours) – includes:
  • Assessment and introduction to behavior change
  • Diabetes overview and treatment
  • Basics of nutrition
  • Evaluating diabetes control
  • Chronic complications
  • Acute complications
  • Physical activity
  • Foot care

☐ Pre-diabetes (impaired glucose tolerance (3 hours) – includes:
  • Assessment and introduction to behavior change
  • Basic meal planning
  • Weight management
  • Hyperlipidemia
  • Physical activity

Individual Modules (1 hour each unless otherwise noted):
☐ Nutrition and Carbohydrate counting
☐ Self-blood glucose monitoring
☐ Weight Management related to Diabetes
☐ Insulin initiation (1.5 hours): Insulin type(s), dose(s), and time: __________________
  Patient to continue oral medications? ☐ Yes ☐ No
☐ Insulin pump instructions (6.5 hours): Specify model name ________ Basal rate(s) ________ Bolus: ________
☐ Please provide individual education sessions as patient unable to benefit from group classes due to severe impairment of sight, speech, language, or hearing, cognitive, physical or emotional limitations. (Please circle appropriate descriptor.)

RECENT RESULTS
☐ FBS ________ ☐ A1C___ ☐ Blood Pressure ____ ☐ Cholesterol _____ ☐ LDL_______ Date ________
  Date __________ Date __________ Date __________ Date __________
☐ HDL ________ Trig ________
☐ In case of hypoglycemia, follow outpatient hypoglycemia protocol. See protocol on reverse side.

Physician Signature: __________________ Date: ________ Time: ________ Phone: ___________

Please fax completed form to 262-928-5576 and call 262-928-4695 to confirm receipt of fax
Outpatient Hypoglycemia Protocol

1. Diabetes clinicians are to monitor patients for symptoms of hypoglycemia and be aware of conditions that may precipitate hypoglycemia. If hypoglycemia is suspected, the clinician is to perform a finger stick blood glucose on the patient. If able, the patient is to perform the test on self with own meter. Hypoglycemia may also be detected when patients are being trained in the use of a blood glucose meter.

2. Implementation of the Hypoglycemia protocol is to occur when the patient meets the criteria defining hypoglycemia. Glucose tablets or gel (the preferred treatment) can be found in the classroom cabinet marked accordingly. Carbohydrate containing foods/liquids can be found in the refrigerator.

3. The physician managing the diabetes should be notified for any unresolved hypoglycemia. Any occurrence of severe hypoglycemia should be reported to the physician as soon as possible.

4. If patient is unconscious or unable to swallow, observe seizure/vomiting precautions and call 911. Notify physician.

5. Reporting:

   A. Notify physician.

   B. Notify physician, have patient immediately transported to ED.

   C. Notify physician, have patient seen immediately.

6. Documentation:

   A. If patient is unconscious or unable to swallow, observe seizure/vomiting precautions and call 911. Notify physician.

   B. If patient is able to swallow and is conscious, observe seizure/vomiting precautions and call 911. Notify physician.

   C. For asymptomatic blood glucose less than 70 mg/dL, give 8 ounces of skim milk or 2 tablespoons peanut butter.

   D. For symptomatic blood glucose less than 70 mg/dL, give 8 ounces of skim milk or 2 tablespoons peanut butter.

   E. If patient is being treated with acarbose (precose) or miglitol (Glyset), treatment must be with glucose tablets.

7. Severe Hypoglycemia Treatment for Non-Pregnant Adult or Child Immediately Initiate the Following:

   A. If patient is able to swallow and is conscious, observe seizure/vomiting precautions and call 911. Notify physician.

   B. If patient is unconscious or unable to swallow, observe seizure/vomiting precautions and call 911. Notify physician.

   C. If patient is unconscious or unable to swallow, observe seizure/vomiting precautions and call 911. Notify physician.

8. Mild - Moderate Hypoglycemia Treatment for Pregnant Women:

   A. If mealtime, have patient eat immediately.

   B. If finger stick blood glucose is less than 70 mg/dL, do not treat. Re-test in 15 minutes.

   C. For asymptomatic blood glucose of less than 70 mg/dL, give 8 ounces of skim milk or 2 tablespoons peanut butter.

   D. For symptomatic blood glucose less than 70 mg/dL, give 8 ounces of skim milk or 2 tablespoons peanut butter.

   E. If patient is being treated with acarbose (precose) or miglitol (Glyset), treatment must be with glucose tablets.

9. Severe Hypoglycemia Treatment for Pregnant Women:

   A. If patient is unconscious or unable to swallow, observe seizure/vomiting precautions and call 911. Notify physician.

   B. If patient is unconscious or unable to swallow, observe seizure/vomiting precautions and call 911. Notify physician.

   C. If patient is unconscious or unable to swallow, observe seizure/vomiting precautions and call 911. Notify physician.

10. Reporting:

    The physician managing the diabetes should be notified for any unresolved hypoglycemia. Any occurrence of severe hypoglycemia should be reported to the physician as soon as possible.

11. Documentation:

    The diabetes clinician managing the episode is responsible for documenting the occurrence and treatment of any unresolved hypoglycemia.