



Objectives: Diabetes

1. Given a symptomatic or asymptomatic patient at high risk for diabetes (e.g. obesity, family history, pregnancy, certain ethnic groups), screen at appropriate intervals with the right tests to confirm the diagnosis.
2. Given a patient diagnosed with diabetes, either new-onset or established, treat and modify treatment according to disease status (lifestyle management, oral hypoglycemic agents, injectables).
3. Be aware of medications with evidence-based mortality benefits, cardiovascular benefits and/or renal benefits.
4. When initiating or modifying pharmacotherapy in patients with diabetes, consider patient factors including potential weight gain and cost.
5. In a patient with poorly controlled diabetes, use effective educational techniques to advise about the importance of optimal glycemic control through compliance, lifestyle modification and appropriate follow-up and treatment.
6. In patients with established diabetes:
 - a. Look for complications (e.g. retinopathy, neuropathy, proteinuria)
 - b. Refer patients as needed to deal with these complications.
7. In the acutely ill diabetic patient, diagnose the underlying cause of the illness and investigate for diabetic ketoacidosis (DKA) and hyperglycemic hyperosmolar state (HHS).
8. Given a patient with DKA or HHS, manage the problem appropriately and advise patients on how to prevent future episodes if possible.
9. Given an patient with diabetes who is admitted into hospital, ensure ordering an appropriate basal/bolus/correction schedule if appropriate (do not simply rely on a sliding scale).

** Mapped to the CFPC's 105 priority topics: #26-Diabetes