Management Algorithm

Patient diagnosed with T2DM

Does the patient need inpatient diabetes management?

• Assess patient adherence/capacity
• Evaluate for depression

Personalize goals to achieve glycemic control with a hemoglobin A1c in the range of < 7 or 8% based on the risks and benefits for each patient

Recommend education and self-management, as appropriate

5.1 Nutrition therapy
5.2 Physical activity
5.3 Weight management
5.4 Bariatric surgery*
5.5 General diabetes self-management education
5.6 Foot care education
5.7 Tobacco cessation

* Bariatric surgery may be considered but is not a treatment strategy for all patients

Initiate metformin as first-line pharmacotherapy for patients with T2DM, unless medically inappropriate

Review all cardiovascular risk factors and assess the need for the following management:

7.1 Antihypertensive therapy
7.2, 7.3 Statin therapy
7.4 Aspirin therapy

See Cardiovascular Risk Management algorithm

Are treatment goals met?

no

Modify treatment; if applicable use appropriate related guideline
• Assess patient adherence/capacity
• Evaluate for depression
• Insulin management

yes

Ongoing management and follow-up

Maintain treatment goals and address complications

Inpatient diabetes management

Shared decision-making

Shared decision-making with a full discussion of the risks and benefits of treatment and consideration of patient values and preferences.

A recommendation has been made and should be utilized; the benefit outweighs the harms for most patients.

A recommendation has been made and may be utilized; the benefit is felt to potentially outweigh the harms for most patients.

A recommendation against has been made; the harms outweigh the benefits for most patients.

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