

**IHS Diabetes Care and Outcomes Audit, 2012**

Audit Period Ending Date : 12 / 31 / 2011

Facility Name: \_\_\_\_\_

REVIEWER initials: \_\_\_\_\_

TRIBAL enrollment code: \_\_\_\_\_

STATE of residence: \_\_\_\_

CHART NUMBER: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: 1 Male 2 Female

DATE of Diabetes Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

DM TYPE: 1 Type 1 2 Type 2

**TOBACCO USE:**

- 1 Current User
- 2 Not a Current User
- 3 Not Documented

→ Cessation counseling received?

- 1 Yes
- 2 No
- 3 Refused

HEIGHT (last ever): \_\_\_\_ft \_\_\_\_ in

Last WEIGHT in audit period: \_\_\_\_\_ lbs.

HTN (documented Dx or Rx):

- 1 Yes
- 2 No

Last 3 BLOOD PRESSURES

during audit period:

\_\_\_\_\_/\_\_\_\_ mm Hg  
 \_\_\_\_\_/\_\_\_\_ mm Hg  
 \_\_\_\_\_/\_\_\_\_ mm Hg

**Examinations during audit period**

FOOT EXAM - complete:

- 1 Yes 3 Refused
- 2 No

EYE EXAM (dilated or retinal camera):

- 1 Yes 3 Refused
- 2 No

DENTAL EXAM:

- 1 Yes 3 Refused
- 2 No

**Education during audit period**

DIET INSTRUCTION:

- 1 RD } 3 Both
- 2 Other }
- 4 None 5 Refused

EXERCISE INSTRUCTION:

- 1 Yes 3 Refused
- 2 No

DM Education (Other):

- 1 Yes 3 Refused
- 2 No

**Mental Health**

Depression an active problem:

- 1 Yes
- 2 No

→ Screened for depression (during audit period):

- 1 Yes 3 Refused
- 2 No

**DM Therapy**

Select **all** that currently apply:

- 1 Diet & Exercise Alone
- 2 Insulin
- 3 Sulfonylurea (glyburide, glipizide, others)
- 4 Glinides (Prandin®, Starlix®)
- 5 Metformin (Glucophage®, others)
- 6 Acarbose (Precose®) or miglitol (Glyset®)
- 7 Pioglitazone (Actos®) or rosiglitazone (Avandia®)
- 8 Incretin mimetic (Byetta®)
- 9 DPP4 inhibitors (Januvia®, Onglyza®, Tradjenta®)
- 10 Amylin analog (Symlin®)
- 11 GLP-1 analog (Victoza®)
- 12 Bromocriptine (Cycloset®)
- 13 Colesevelam (Welchol®)
- 14 Refused/Unknown

**ACE Inhibitor/ARB**

ACE inhibitor/ARB use:

- 1 Yes 2 No
- 3 Refused or adverse reaction

**Aspirin/Antiplatelet Therapy**

- 1 Aspirin/Antiplatelet Rx
- 2 None
- 3 Refused or adverse reaction

**Lipid Lowering Agent**

Select **all** that currently apply:

- 1 Statin (simvastatin/Zocor®, others)
- 2 Fibrate (gemfibrozil/Lopid®, others)
- 3 Niacin (Niaspan®, OTC niacin)
- 4 Bile Acid Sequestrants (cholestyramine/Questran®, others)
- 5 Ezetimibe (Zetia®)
- 6 Fish oil - Rx or OTC
- 7 Lovaza®
- 8 None or refused

**TB Testing**

TB test done:

- 1 Skin test (PPD)
- 2 Blood test (QFT-G, T SPOT-TB)
- 3 Refused
- 4 Unknown/not offered

→ TB test result:

- 1 Positive 3 Refused
- 2 Negative 4 Unknown

→ If TB result positive, INH tx complete:

- 1 Yes 3 Refused
- 2 No 4 Unknown

→ If TB result negative, test date:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ECG**

Date of last ECG: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Immunizations**

FLU VACCINE

during audit period:

- 1 Yes 3 Refused
- 2 No

PNEUMOVAX ever:

- 1 Yes 3 Refused
- 2 No

Td or Tdap in past 10 years:

- 1 Yes 3 Refused
- 2 No

HEP B series complete (ever):

- 1 Yes 3 Refused
- 2 No

**Laboratory Data during audit period**

HbA1c (most recent): \_\_\_\_ . \_\_\_\_ %

Date obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_

Serum Creatinine: \_\_\_\_ . \_\_\_\_ mg/dl

Estimated GFR (eGFR) documented in the medical record?

- 1 Yes
- 2 No

→ eGFR value: \_\_\_\_\_

Total Cholesterol: \_\_\_\_ mg/dl

HDL Cholesterol: \_\_\_\_ mg/dl

LDL Cholesterol: \_\_\_\_ mg/dl

Triglycerides: \_\_\_\_ mg/dl

**Urine Protein Testing during audit period**

URINE TESTED FOR PROTEIN:

- 1 Yes 3 Refused
- 2 No

→ SPECIFIC TESTING DONE:

1 Urine Albumin:Creatinine Ratio  
 → UACR value: \_\_\_\_\_ mg/g

2 Urine Protein:Creatinine Ratio  
 → UPCR value: \_\_\_\_\_ g/g

3 24 hr urine collection for protein  
 → Result: \_\_\_\_\_ mg/24 hrs

4 Microalbumin:creatinine strips  
 (e.g., Clinitek)

- Select result:
- 1 <30 mg/g
  - 2 30-300 mg/g
  - 3 >300 mg/g

5 Microalbumin only (e.g., Micral)  
 → Select result:

- 1 < 20 mg/L
- 2 ≥ 20 mg/L

6 UA dipstick

- Select result:
- 1 Normal or trace
  - 2 Abnormal (≥ 1+)