

19041391

DIABETES ASSESSMENT FORM (MR-DAF)

Hospital/Site: Quiet Creek

Affix patient identification label in this box

U.R. No: 542742
 Surname: Jones
 Given Name: Thomas (Tom)
 Second Given Name:
 D.O.B: 17/4/61 Sex/Gender: M

Type of diabetes Type 1 Type 2 Other
 Date of diagnosis: 3/2014 Duration: 7 years
 OGTT (if known) Fasting:mmol/L
 1hr:mmol/L 2hr:mmol/L
 GP: Dr Steve Brown
 Endocrinologist: nil

Family history
 Diabetes: Type 1 Type 2 GDM:

Medical history
 Allergies: nil know
 Immunisations: Pneumonia Flu Vaccine
 Impairments: Visual Hearing Cognitive reading glasses
 Behavioural concerns: Yes provided with
 Depression or Anxiety: Yes, PAID: do at home
 Hypertension Hyperlipidaemia
 Previous GDM:
 Recent hospital admission: Yes Date:
 Pregnancy: Planning Yes
 Contraception: Yes

Social history
 Marital status: Single Married Other:
 Residence: Alone Partner/Family RAC
 Children: nil Ages:
 Carer: N/A NDIS: N/A
 Advanced Care Directives: 1 yr ago
 Employment: Yes Disability Pension Retired
 Interests and hobbies: footy/cricket
 Private Health Insurance Fund: Medibank
 Membership No: T74242
 Ambulance Cover

Diabetes complications
 CHD CVA Peripheral Artery Disease
 Retinopathy Nephropathy Peripheral Vascular Disease
 Peripheral Neuropathy Foot ulcer/charcot/amputation
 Autonomic Neuropathy Gastroparesis Hypo unaware
 COPD COAD OSA ED
 Other: Asthma

Diabetes management
 Lifestyle modifications
 Oral agent/s
 Non-insulin injectable (GLP-1)
 Insulin/s

Diabetes Medications

| Name | Dose | Route | Frequency |
|---------------------|-----------------|-----------|----------------|
| <u>Metformin XR</u> | <u>1g</u> | <u>0</u> | <u>BD</u> |
| <u>Ryzodeg</u> | <u>30 units</u> | <u>SC</u> | <u>1/2 tea</u> |
| | | | |
| | | | |

Other Medications (inc. prescription and non-prescription)

| Name | Dose | Route | Frequency |
|----------------------------|---------------|---------------|-------------------|
| <u>Allopurinol</u> | <u>300 mg</u> | <u>0</u> | <u>mane</u> |
| <u>Aspirin</u> | <u>100 mg</u> | <u>0</u> | <u>daily</u> |
| <u>Ipratropine Bromide</u> | <u>500mg</u> | <u>inhale</u> | <u>BD</u> |
| <u>Metoprolol Tartrate</u> | <u>50mg</u> | <u>0</u> | <u>1/2 tab BD</u> |
| <u>Ramipril</u> | <u>5mg</u> | <u>0</u> | <u>mane</u> |
| | | | |
| | | | |

Device/s used: Syringe Device CSII
Disposable pen
 CSII Model: SN:
 Injection Site: Abdomen/Other:
 Needle Length: 4mm 5mm 6mm 8mm
 Technique: reviewed today
 Self Adjustment: Matrix: N/A
 Insulin: CHO ratio/s: X3 CHO exch 1/2 each meal
 Correctional Insulin: —
 (refer to RLHN - CSII Outpatient Rate Record)

Self Administration/Supervision/Assistance:
Self managing
 Dose Packaging Aids:
 Home Medicines Review: dlw Dr

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Physical activity
(consider 3 day diary)

Type/s: Lawn mowing contractor

Frequency: x 5 days per week

Limitations: l. knee pain at times

Nutrition *(consider 3 day diary)*

Breakfast: x 2 toast / fried egg / porridge

Morning Tea: -

Lunch: on the road (roll, pasty)

Afternoon Tea: biscuit / tea

Dinner: mixed meals (meat, vegies, pasta, rice)

Supper: biscuit / tea

Extras (soft drinks, eating out, take-away etc.): diet coke / Takeaway 1/week

Cultural/Religious requirements: nil

CHO Grams/Ex

2-3

3-5

1-2

4

1-2

Blood Glucose Monitoring Meter: Contour Next

Target range: F 6-8 R 6-10 mmol/L

Current Fasting/Pre Meals: 5.2-8.8 mmol/L

Current 2hr Post Meals: - mmol/L

Current Before Bed: 6.1-9.8 mmol/L

Current Overnight: - mmol/L

NDSS Membership No: 42574

Sharps disposal: local council

Software: -

Technique: discussed / not seen yet

Ketone Monitoring Yes (type 1 or type 2 on SGLT2)

Tests if BG greater than 15.0mmol/L: Yes

Tests if unwell: Yes

Continuous Glucose Monitoring CGM FGM

Device: SN:

NDSS Subsidy:

Connectivity: Smart Device Receiver CSII

If CSII Connected: Manual Mode Auto Mode

Sensor Wear: % per week

Average Sensor Glucose: mmol/L

Time in Target: %

Technique:

Software:

User Name:

Hypoglycaemia Risk Profile At Risk

Hypo Action Plan: Yes today

Carries Hypo Treatment: jelly beans + GP 2mths ago muscle bars.

Driving: GP 2mths ago muscle bars.

Additional Risk Factor Profile

Alcohol: 1-2 shots whisky 3 nights/week

Smoking: nil

Illicit Dugs: nil

Foot Assessment: At Risk Low Risk
(refer to RLHN - Foot Risk Assessment)

Hyperglycaemia Risk Profile At Risk

Sick Day Action Plan: Yes To be updated

Additional Pathology

| | | | |
|--------------------|-----------------------------|-------|-----------|
| Total Cholesterol: | <u>6.4</u> mmol/L | Date: | } 4/2/20 |
| HDL Cholesterol: | <u>1.5</u> mmol/L | Date: | |
| LDL Cholesterol: | <u>3.0</u> mmol/L | Date: | |
| Triglycerides: | <u>1.8</u> mmol/L | Date: | } 10/2/20 |
| eGFR: | <u>>90</u> mL/min/1.73m2 | Date: | |
| Microalbumin: | <u>3.5</u> mg/L | Date: | |

Clinical Parameters

BG: 7.2 mmol/L BK: ✓ mmol/L BP: 142/88 mmHG

Height: 181 cm Weight: 104.7 kg BMI:

HbA1c: 8.6 % or mmol/mol Date: 1/7/2020

Educational Plan *(Individual/Group)*

Pathophysiology: type 1, type 2, other

Lifestyle Modifications: SNAP

Medication: self-adjustment, action plans

BGM, CGM and FGM targets, software

Hypo Action Plan: plus driving

Hyper/Sick Day Action Plan:

Other: travelling

Follow Up

Teleheath: weekly/fortnightly

Appointment: 2 weeks

Current Services/Referrals Initiated

Dietitian Podiatrist

Physiotherapist/Exercise Physiologist

Social worker/Psychologist Dentist

Optometrist/Ophthalmologist

Name and Designation: Jane Giles Signature: JGiles Date: 10/7/2020