What is New in the ADA Guidelines?
Blood Glucose Monitoring

The 2015 American Diabetes Association (ADA) guidelines call for changes in preprandial and post prandial plasma glucose monitoring in patients with diabetes. Providers must observe patients for severe hypoglycemia especially in those with advanced diabetes disease. Providers should individualize goals safely and efficaciously, without the aggressive attempt to achieve near normal A1C (<7%). When developing a patient’s A1C goal in collaboration with the physician, consider the following:

- Patient preferences
- Duration of diabetes
- Age or life expectancy
- Comorbid conditions
- Cardiovascular disorder
- Advanced microvascular complication
- Hypoglycemia unawareness

**Summary of Glycemic Recommendations for Nonpregnant Adults with Diabetes**

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<th>Obtain at least every 6 months if patient is meeting treatment goals and have stable glycemic control</th>
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<tr>
<td>A1C</td>
<td>&lt;7%</td>
<td>Obtain A1c every 3 months (quarterly) if patient is not meeting treatment goals or had a change in therapy</td>
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<td>Preprandial capillary plasma glucose</td>
<td>80-130 mg/dL*</td>
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<tr>
<td>Peak Postprandial capillary plasma glucose†</td>
<td>&lt;180 mg/dL*</td>
<td>†Postprandial glucose may be targeted if A1C goals are not met despite reaching preprandial glucose goals. Postprandial glucose measurement should be made 1-2 hours after the beginning of the meal, generally peak levels in patients with diabetes</td>
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*More or less stringent glycemic goals may be appropriate for individual patients.
Remember to obtain and record height, weight and blood pressure at every visit, barring participant refusal. Obtain lab results per clinical guidelines, through POC testing, lab records brought in by the patient, or request to the participant’s health care team.

Please make sure you document lab values in ThinkEHRx to ensure that the patient’s medical record is up-to-date. Laboratory values may be entered into an encounter after the encounter has closed. Laboratory values may be entered into an encounter after the encounter has closed. Please note that lab values are reviewed during our QA/QC process. Missing or inaccurate values may delay reimbursement.


We want to hear from you!

If there are any clinical topics you would like to see featured in this newsletter in the future, please email the P³ Program team to let us know. Your feedback is greatly appreciated!

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