

Clinical pathway for diabetic patients

Lisa McClammy, senior clinical education consultant with MAC Legacy based in Denton, Texas, walks us through what a pathway for a diabetic patient should look like.

- **Initial assessment:** Blood glucose levels, A1C, medication review, comorbidities, head to toe assessment to include skin/feet.
- **Risk stratification:** Identify high-risk patients (e.g., history of ulcers, poor control).
- These can be by patient-specific timeframe (visit 1, 2, 3, etc., by week 1, 2, 3 etc., or by date):
 - **Early in care:** Education on diet, medication adherence, glucose monitoring, foot care, activity.
 - **Mid care:** Reinforce previous education and monitor for compliance, assess for complications or barriers and adjust care plan specific to the patient.
 - **Ongoing care:** Discharge planning to include ongoing self-management and follow-up with PCP/endocrinologist.
- **Red flags & when to notify:** Zone tools or other tools that indicate when the patient should notify the agency and/or seek emergency help (911).
- **Patient education materials:** Nutrition, activity/exercise, medication adherence and safety, foot care.
- **Documentation:** Templates/prompts built into the comprehensive assessment/OASIS to ensure all areas covered. General interventions and patient-specific interventions based on current clinical condition and knowledge deficits.
- **Outcome tracking:** Blood glucose and/or A1C trends, ED and hospitalization avoidance, patient satisfaction.



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