

**DIABETES SELF-MANAGEMENT TRAINING SERVICES PHYSICIAN ORDER**

I am referring: \_\_\_\_\_

for medically necessary outpatient self-management training. Phone: \_\_\_\_\_

**Note to Physician:** Please check at least 1 box in numbers 1-4, and provide the most recent A1C results in box 5.

1. <b>Diagnosis:</b>	<input type="checkbox"/> E11.65 Type 2 DM w Hyperglycemia	<input type="checkbox"/> E10.65 Type 1 DM wHyperglycemia
<b>ICD-10 Code:</b>	<input type="checkbox"/> E11.8 Type 2 DM wUnspecified Complications	<input type="checkbox"/> E10.8 Type 1 DM w Unspecified Complications
	<input type="checkbox"/> E11.9 Type 2 DM w/o Complications	<input type="checkbox"/> E10.9 Type 1 DM w/o Complications
	<input type="checkbox"/> E16.2 Hypoglycemia Unspecified	<input type="checkbox"/> R73.09 Other Abnormal Glucose <input type="checkbox"/> O24.919 Unspecified DM Pregnancy

2. <b>Medical status and/or complications:</b>	<input type="checkbox"/> Newly diagnosed	<input type="checkbox"/> Severe hypo/hyperglycemia	<input type="checkbox"/> Vascular disease	<input type="checkbox"/> Gastroparesis
	<input type="checkbox"/> New to insulin	<input type="checkbox"/> Nephropathy	<input type="checkbox"/> Foot problem	<input type="checkbox"/> Obesity
	<input type="checkbox"/> New to oral anti-agents	<input type="checkbox"/> Retinopathy	<input type="checkbox"/> Other: _____	

3. **Diabetes Education** (Check all that apply.)

- Comprehensive Diabetes Management Program (DSME/T) and Medical Nutrition Therapy (MNT)**  
(DSME/T) Delivered in 3 sessions, up to 10 hrs - Content: Diabetes as a disease process, nutrition, physical activity, medications, monitoring, prevent, detect, and treat acute and chronic complications, psychological adjustment, goal setting and problem solving  
(MNT) Delivered in 1 hour individual session and 2 hour group session, up to 3 hours- Content: Focused Nutrition Therapy and Meal Planning
- Medical Nutrition Therapy (MNT) only:** Focused Nutritional Therapy and Meal Planning-1 hour individual and 2 hour group session
- Follow-up Classes-Post initial education DSME/T and MNT (Group sessions) up to 2 hours each**  
Content: Diabetes as a disease process, nutrition, physical activity, medications, monitoring, prevent, detect, and treat acute and chronic complications, psychological adjustment, goal setting and problem solving; Nutrition review and meal planning adjustments
- Gestational Diabetes up to 2 hours** Content: Preconception/Pregnancy management or GDM.
- Individual Education**-Patient unable to benefit from group classes due to impairment of speech, language, hearing or sight, cognitive, physical or emotional limitation. Please provide individualized educational sessions. Content requested \_\_\_\_\_
- Insulin Instruction:** \_\_\_\_\_ number of hours requested. Specify dose, type, frequency \_\_\_\_\_  
Patient to continue oral medications?  Yes  No
- Other Injectable Instruction:** \_\_\_\_\_ number of hours requested. Specify dose, frequency, name \_\_\_\_\_  
Patient to continue oral medications?  Yes  No
- Glucose Meter Instruction:** 1/2 hour or \_\_\_\_\_ number of hours requested.

4. **Diagnostic Testing**  CGMS (Continuous Glucose Monitoring)  ABI (ankle-brachial index) for PAD

5. <b>A1C Results:</b>	Other Orders: _____
1: Result _____ Date: _____	_____
2: Result: _____ Date: _____	_____

In case of hypoglycemia, follow DSH hypoglycemia protocol.

Comments: \_\_\_\_\_

**Intensive Insulin Management**

Basal insulin: \_\_\_\_\_ units

Bolus insulin: \_\_\_\_\_ units

Carbohydrate ratio 1: \_\_\_\_\_ grams of carbohydrate pre-meal

High blood sugar correction 1: \_\_\_\_\_ mg/dL > \_\_\_\_\_ mg/dL pre-meal

High blood sugar correction 1: \_\_\_\_\_ mg/dL > \_\_\_\_\_ mg/dL post-meal

\_\_\_\_\_  
Date/Time Physician Signature Printed Name or License #

BAR CODE

**\*PO0010\***

PO0010 - Physician Orders

DESERT SPRINGS HOSPITAL  
MEDICAL CENTER

**DIABETES SELF-MANAGEMENT  
TRAINING SERVICES PHYSICIAN ORDER**

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(PMM# 77603769) (R 12/15) (IKON TRAK)

**PATIENT IDENTIFICATION**

**DIABETES SELF-MANAGEMENT TRAINING SERVICES PHYSICIAN ORDER**

**Comments/Instructions**

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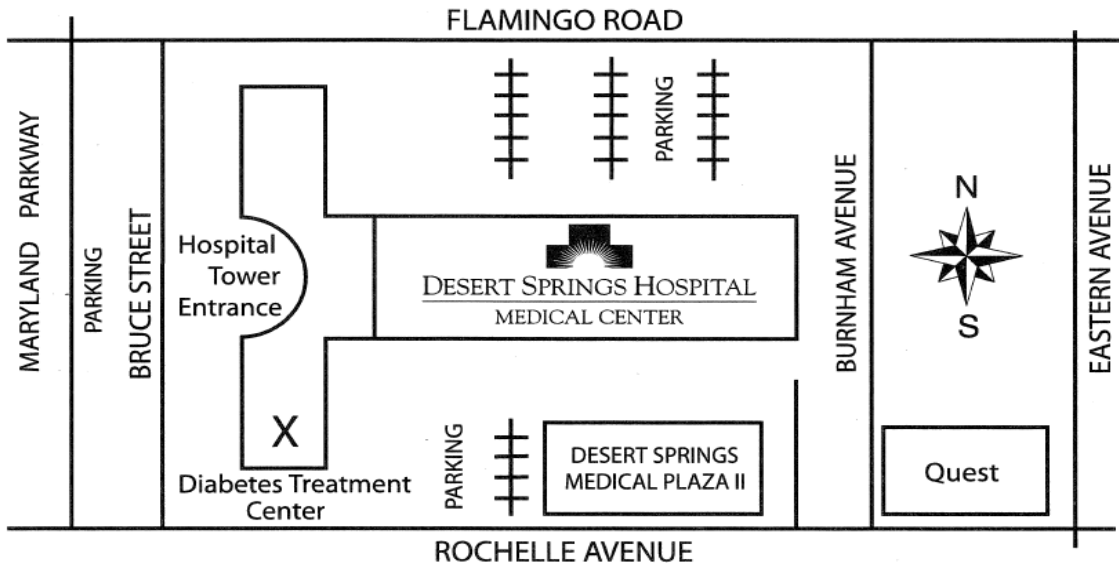
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