DEAP
DIABETES EDUCATION ACCREDITATION PROGRAM
AADE American Association of Diabetes Educators

Phone: (702) 369-7560 Fax: (702) 369-7564
Diabetes Treatment Center
DESERT SPRINGS HOSPITAL MEDICAL CENTER
A Member of the Valley Health System

American Diabetes Association. Cure • Care • Commitment
"The American Diabetes Association Recognizes this education service as meeting the National Standards for Diabetes Self-Management Education."

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. **Diagnosis: ICD-10 Code:**
   - ☐ E11.65 Type 2 DM w Hyperglycemia
   - ☐ E10.65 Type 1 DM w Hyperglycemia
   - ☐ E11.8 Type 2 DM w Unspecified Complications
   - ☐ E10.8 Type 1 DM w Unspecified Complications
   - ☐ E11.9 Type 2 DM w/o Complications
   - ☐ E10.9 Type 1 DM w/o Complications
   - ☐ E16.2 Hypoglycemia Unspecified
   - ☐ R73.09 Other Abnormal Glucose
   - ☐ O24.919 Unspecified DM Pregnancy

2. **Medical status and/or complications:**
   - ☐ Newly diagnosed
   - ☐ New to insulin
   - ☐ New to oral anti-agents
   - ☐ Severe hypo/hyperglycemia
   - ☐ Nephropathy
   - ☐ Retinopathy
   - ☐ Vascular disease
   - ☐ Foot problem
   - ☐ Other: _____
   - ☐ Gastroparesis
   - ☐ Obesity

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-1hour 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 duee 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, type, 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. **A1C Results:**
   1: Result: _____ Date: _____
   2: Result: _____ Date: _____

Other Orders: _____

☑ 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 - Physician Orders

DESERT SPRINGS HOSPITAL MEDICAL CENTER
DIABETES SELF-MANAGEMENT TRAINING SERVICES PHYSICIAN ORDER

(PMM# 77603769) (R 6/16) (IKON TRAK)

PATIENT IDENTIFICATION

DIABETES SELF-MANAGEMENT TRAINING SERVICES PHYSICIAN ORDER

Comments/Instructions