

TEMPLATES

KAC-disc

Here in follow-up of secondary diabetes and hx OLTx.

Here for follow-up of type 2 diabetes mellitus.

Here for follow-up of type 2 diabetes mellitus (group visit).

Here for follow-up of type 1 diabetes mellitus.

Here for follow-up of type 1 diabetes mellitus (group visit).

Here in consultation from PMD for evaluation and management of diabetes mellitus.

Here for post-hospital evaluation and management of steroid-induced diabetes.

Feels well, no thyroid symptoms. Denies temperature intolerance, palpitations, skin or hair changes, GI dysfunction or menstrual irregularities. No change in voice, dysphagia, swelling or tenderness in the neck.

See HPI and other Hx items as well as questionnaire provided by the patient.

See HPI and other Hx items.

Last dilated eye exam

No cardiac, respiratory, GI or neuro Sx.

ROS otherwise negative.

Started on vitamin D since last visit due to low level.

Feels well, no complaints. No diabetic symptoms. No symptomatic hypoglycemia.

Glucoses: See meter download.

Breakfast

Lunch

Dinner

HS

HEENT normal. Eyes PERLA, EOMI, no proptosis.

Extremities Feet have 1+ pulses, no ulcers or sores and hygiene is excellent. No edema. Skin normal temperature and turgor.

HEENT normal. No xanthelasma. Eyes PERLA, EOMI, no proptosis, disks flat, no hemorrhages or exudates (non-dilated exam). Luedde exophthalmometry:

Neck supple with no bruits, nodules, masses or thyromegaly.

Chest clear to A&P. No rales or wheezes.

Cor RRR, no GMR. Normal heart rate variation with breathing.

Abd soft, nontender, no organomegaly.

Extremities No tendon xanthomata. Feet have 1+ pulses, no ulcers or sores and hygiene is excellent. No edema. Reflexes 1+ , symmetrical with normal relaxation.

Intact vibratory and Semmes-Weinstein filament sensation. Skin normal temperature and turgor. No acanthosis nigricans.

Eyes PERLA, EOMI, no proptosis, chemosis or erythema. Thyroid nontender with no masses, adenopathy or soft tissue fixation. Reflexes 1+ , symmetrical with normal relaxation; no tremor. Skin normal temperature and turgor.

Thyroid nodule cm ; nontender, no local adenopathy or soft tissue fixation, moves well with swallowing. Reflexes 1+ , symmetrical with normal relaxation. Skin normal temperature and turgor.

**Check BGs 2-4 times daily, before meals and bedtime.
Call/phone/fax/e-mail BGs to me periodically for Rx review and adjustment.**

**She should notify me of BGs so we can adjust therapy accordingly.
He should notify me of BGs so we can adjust therapy accordingly.
Info given to him/her re. the CareLink download system so he/she could more easily communicate his/her progress.**

**Multiple other co-morbidities, as noted.
Encourage better compliance with diet and exercise.
Recommend routine dilated eye examination.
Release of records for labs from PMD for the past 1 year.
With multiple co-morbidities, need to avoid risk of hypoglycemia.
Chronic diabetic neuropathy. May benefit from anti-oxidant therapy.**

Thank you for the kind consultation.

Labs: CMP, HA1c, fasting lipids, TSH, vitamin B12, 25(OH)vitamin D and spot urine microalbumin/Cr ratio.

**Levothyroxine 50 mcg daily for 2 weeks, 75 x 2 wks, 88 x 2 wks, 100 x 2 wks then 112 mcg daily.
HCTZ decreases GFR, increases LDL-C and causes insulin resistance, so will switch to loop diuretic.
Paraffin bath for foot relief.
Refer to foot nurse re. local care. Also advised as to proper local foot care.**

Vitamin D level is low and needs to be treated (DO NOT STOP OR CHANGE Rx UNTIL I ADVISE TO DO SO!) Call in Rx vitamin D 50,000 units once weekly (Rx #5 WITH 6 REFILLS). Continue this until we know that the level is normalized. She / He should also take 2000 units vitamin D daily, either by way of multiple vitamins or calcium plus D tablets. Mail results of lab upon request.

Please call. Vitamin D level is still a little low - need to increase weekly vitamin D to 2 pills. We can call in a new Rx when he/she needs it.

Please write him/her (and place scanned note into chart) - I have been unable to contact him/her by phone to discuss his/her lab reports. Please provide me any updates in his/her contact information. Thanks.

ROS

See HPI and other Hx items.

HEENT no headaches, ear, mouth or throat complaints.

Eyes no pain, redness, tearing, diplopia or blurring.

Neck no pain, swelling, hoarseness or dysphagia.

Lungs no cough, congestion, dyspnea, or orthopnea.

Cor no chest pain, palpitations or irregularities.

GI no indigestion, nausea, constipation or diarrhea. No bleeding or melena.

GU no dysuria, frequency, nocturia or bleeding.

Musculoskeletal no weakness, pain, cramps or arthralgias.

Neuro no syncope, weakness, tingling or pain.

ROS otherwise negative.

comes in follow-up of from my prior medical office. Now followed under the primary care of Dr.

Please do not hesitate to call us with any questions or concerns.

Thank you for allowing us to participate in the care of this patient. I (Dr. Carmichael) personally examined and evaluated this patient. I (Dr. Carmichael) reviewed the fellow's note and agree with the fellow's findings and management.

Thank you for giving us the opportunity to see this nice patient.

I (Dr. Carmichael) personally saw and examined this patient and agree with the assessment and recommendations as per the medicine resident.

See HPI and other Hx items. ROS otherwise negative.

ATTENDING PHYSICIAN ATTESTATION:

Date:

I personally saw and examined the patient along with medical student

Please call - liver ultrasound shows fatty changes. This is usually rather mild, but I would recommend she see a liver specialist just to ensure proper follow-up. If she wants to see someone here, I would suggest Dr. Crippin. Thanks.

Insulin Pump Backup Orders:

Type __ diabetes.

Check blood sugars every _____ hours and give insulin:

Insulin brand: _____

Time of Day

Units

Sliding scale correction doses:

Blood sugar range

Add Units

Diabetes Center

Classes and Sessions

Group visits	1st and 3rd Mondays
Intro to Diabetes	1st, 2nd and 4th Wednesdays
Carb Counting	Wednesdays 2:15-4:45
Insulin Start-up	Wednesdays 12-2
Pump Classes	
Introduction to Pumping	3rd Tuesdays
Phase 1	1st Tuesdays
Phase 2	1st Thursdays

Sliding Scale protocols

Low Dose:

<u>BG</u>	<u>Insulin</u>
140-75	1 unit
176-200	1
201-250	2
251-300	3
301-350	4
Above 351	5

140-175 1;176-200 1;201-250 2;251-300 3;301-350 4;>351 5

Mid-dose:

<u>BG</u>	<u>Insulin</u>
140-175	2 units
176-200	3
201-250	4
251-300	6
301-350	8
Above 351	9

140-175 2;176-200 3;201-250 4;251-300 6;301-350 8;>351 9

High-dose:

<u>BG</u>	<u>Insulin</u>
140-75	3 units
176-200	5
201-250	7
251-300	9
301-350	11
Above 351	13

140-175 3;176-200 5;201-250 7;251-300 9;301-350 11;>351 13

Local referrals:

Michael Brunt, M.D.

Laparoscopic Endo surgery (e.g PTH, adrenal)

314-454-8877

314-454-5396

Bruce Hall, M.D.

Endo surgery (e.g. thyroid, PTH)

Jeffrey Moley, M.D

MTC, etc.

Division of Endocrine and Oncologic Surgery

Washington University School of Medicine

660 South Euclid Avenue

Campus Box 8109

St. Louis, MO 63110

314-454-8151

314-454-5220 (FAX)

Perry Grigsby, M.D.

Radiation Oncology

High-risk pregnancy:

BJH : Gil Gross, M.D.

St. Mary's: Dorothea Mostello, M.D.

Podiatry:

Allen M. Jacobs, DPM
6400 Clayton Road, Suite 402
St. Louis, MO 63117
314-367-6545

Shari Kaminsky, DPM
11155 Dunn Road
St. Louis, MO 63136
314-355-0074

Kurt Kaufman, DPM
11709 Old Ballas Road
St. Louis, MO 63141
314-432-1903

Michael Spector, DPM
8515 Delmar Boulevard, Suite 215
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Bic Stafford, DPM
9804 Manchester Road
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314-962-3313

Edward Stein, DPM
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