ENDOCRINE CLINIC (EC)

PURPOSE: The purpose of this appendix is to provide guidance to institutional health services personnel in the area of endocrine clinic monitoring and clinic establishment guidelines.

RELEVANT FORMS REQUIRING DOCUMENTATION:

- DC4-701F, *Chronic Illness Clinic*
- DC4-770B, *Endocrine Clinic Flow Sheet*
- DC4-770BB, *Endocrine Baseline history and Procedures*
- DC4-730, *Problem List*

REVIEW OF RELEVANT FORMS:

- DC4-707, *Health Appraisal* (review for Family, Social and Medical History)
- DC4-710A, *Immunization Record* (review for pneumococcal and influenza history)

Findings must be documented in the health record on the specified forms and reflect the medical information reviewed and evaluated at the time of the clinical encounter. At each chronic clinic visit there shall be a clinical evaluation as to the CONTROL OF THE DISEASE (GOOD, FAIR or POOR) and to the STATUS OF THE PATIENT since the previous chronic clinic visit (IMPROVED, UNCHANGED, or WORSENED).

PATIENTS WHO SHOULD BE ENROLLED:

- Diagnosis of diabetes
- Endocrine conditions noted below which require treatment/monitoring:
  - Thyroid
  - Parathyroid
  - Adrenal glands
  - Pituitary disorders

This clinic is not intended to follow inmates on routine osteoporosis prophylaxis or on routine estrogen replacement therapy. If the clinician is undecided as to whether to enroll an inmate in this clinic the Regional Medical Director should be consulted.

<u>NOTE</u>: The following guidelines specifically address the management of diabetes and thyroid disorders. Inmates enrolled in this clinic for follow-up of other endocrine conditions will be evaluated in a similar manner, but with the attention to the particular diagnosis. Clinical judgement is expected.

BASELINE HISTORY AND FOLLOW-UP CLINIC PROCEDURES:
Procedures and physical exams will include at a minimum the collection of labs, evaluation and documentation as follows.

Evaluation and Documentation:

- Vital signs including weight
- Cardiovascular system
- Sensory (diabetes) – monofilament test should be performed at least annually to check for neuropathy.

- Vascular status of extremities related to diabetes and description of:
  - Feet
  - Nails
  - Skin
- Dilated Fundoscopic examination annually (Consultation may be obtained from any appropriate physician or eye care provider at the discretion of the clinician responsible for the patient/inmate's care related to diabetes)
- Thyroid Palpation

Procedures:

- Comprehensive Metabolic Panel (CMP)
- Lipid Profile (Cholesterol, HDL, LDL, Triglycerides)
- HbA1c
- Urine dipstick
  - Urine microalbumin (If the urinalysis is negative for protein)
    - If the patient/inmate has been on an ACE inhibitor or ARB, a urine microalbumin **<u>will not</u>** be required.
- Thyroid Function Test (TFT) - if patient/inmate has a thyroid disorder
- EKG
- Relevant tests for other endocrine disorders stated above.

TREATMENT RECOMMENDATIONS:

- Therapeutic lifestyle changes (dietary education, exercise, weight loss if BMI is >25)
- Pharmacotherapy: according to current national guidelines
- Prescribe low dose aspirin for secondary prevention of ASCVD unless medically contraindicated in patients with known history of Stroke, MI, CABG, or coronary artery stenting. Low-dose aspirin might be considered for the primary prevention of ASCVD among select adults 40 to 70 years of age who are at higher ASCVD risk, but not at increased bleeding risk. The decision whether to use aspirin for primary prevention should be made only after a detailed discussion between the patient and health care provider, guided by personal patient preferences and estimated benefits and harms relative to the specific patient.
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- Evidence of albuminuria or microalbuminuria in patient/inmate with hypertension is to be prescribed an ACE inhibitor or Angiotensin Receptor Blocker (ARB) unless contraindicated.
- For insulin dependent patients/inmates:
  - Finger-stick glucose level is to be checked prior to insulin injections
  - Clinician is to review finger-stick glucose level and documents findings
- Follow national treatment guidelines for thyroid disorders, including ultrasound scan, relevant medications, endocrinological and surgical referral as indicated
- Immunizations: (Schedule outlined in HSB 15.03.30, *Immunization Requirements for Inmates*)

  - Influenza
  - Pneumococcal (if initial vaccination refused it will be offered annually until accepted unless otherwise documented by physician)
  - Hepatitis B Series, if applicable

EDUCATION:

- Disease process
- Foot Care
- Treatment compliance counseling
- Risk Factors
- Diet
- Self-administration of insulin (if applicable)
- Exercise

Follow-up Clinic Guidelines specifically for Diabetes:

- Visits should be scheduled based on clinical need and/or as follows:
  - Patients/inmates with HbA1c over 8.0 or whose blood sugars are uncontrolled should be seen at least every three (3) months to address tighter blood glucose control.
  - Patients/inmates in good control without evidence of end-organ damage may be seen every 180 days.
- Labs to be collected prior to CIC and results available for review by the clinician during encounter with the patient/inmate. The labs listed above under procedures are required as needed and at a minimum annually.
- Physical examination as outlined above.
- EKG, Urine microalbumin, and TSH if clinically indicated (especially concomitant cardiovascular disorder).

GOALS:

- HbA1c < 7.0 for patients with few coexisting chronic illness, intact cognitive and functional status.
- HgbA1c<8.0 for patients with h/o severe hypoglycemia, limited life expectancy, fall risk, advanced micro-/macrovascular complications, extensive comorbidities, or long-standing DM in whom goal is difficult to achieve despite self-management education, appropriate SMBG, and effective doses of multiple glucose lowering agents including insulin.
- Prevent end-organ damage
- Blood Pressure < 130/80
- ACE inhibitors or ARB prescribed for any degree of proteinuria unless contraindicated.
- Lipid Profile Range
  - TG < 150
  - LDL < 100
  - HDL - Men > 40 mg/dl Women > 50mg/dl
- Other endocrine conditions stable with no unaddressed problems.

Work Release and/or EOS:
For patients/inmates who are prescribed insulin for the first time prior to transfer to Work Release and/or EOS are to receive training and education on self-administration of insulin unless contraindicated. Documentation of training and education; and if contraindicated documentation of reason required.

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