

Diabetes Screening Resources

	Test	Frequency of Test
Cardiovascular Risk Management The leading cause of morbidity and mortality for people with diabetes is ASCVD.	Blood Pressure	Every visit
	Lipid profile	At time of diabetes diagnosis, at initial medical evaluation and every 5 years after (unless more frequently indicated), if not on statins Testing should be considered based on individual patient, if on statins
Kidney Disease Management 20-40% of patients with diabetes have diabetic kidney disease	Urine albumin-to-creatinine ratio (UACR) AND estimated Glomerular Filtration Rate (eGFR)	At least annually for patients with Type 1 diabetes with diagnosis ≥ 5 years At least annually for patients with Type 2 diabetes At least annually for patients with diabetes with comorbid HTN Abnormal results should be confirmed to stage kidney disease
Diabetic Retinopathy (DR) Management	Dilated and comprehensive eye exam	Within 5 years of onset of diagnosis for patients with Type 1 diabetes At time of diabetes diagnosis for patients with Type 2 diabetes Annually - after initial comprehensive eye exams(see above) <ul style="list-style-type: none"> • If retinopathy is progressing or sight-threatening exams should be more frequent. • If after ≥ 1 annual comprehensive eye exams, there is no evidence of DR, then exams can be done every 2 years Before pregnancy or in first trimester, and then every trimester and for 1 year postpartum for women with preexisting Type 1 or Type 2 diabetes
Neuropathy Up to 50% of diabetic peripheral neuropathy may be asymptomatic	Feet Inspected	Every visit
	Comprehensive foot exam (inspection, assessment of deformities, neurological assessment and vascular assessment)	At least annually
	Assessment of autonomic neuropathy	Assessed for during history and physical examinations

Resource list compiled by MaineHealth Chronic Disease Program