**Type 2 Diabetes**

**Letter to Primary Care Provider**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is being discharged from the endocrine clinic.

Rationale for discharge from Endocrine Care:

1. Primary care provider and diabetes team (if needed) available to assume care
2. Consistently meeting individualized glycemic targets
3. Stable doses of diabetes medications
4. Stable renal function
5. Stable insulin regimen with the following
   1. Adequate self management skills including self adjustment of insulin
   2. Demonstrates proper insulin injection technique
   3. No severe hypoglycemia in last 1 year
6. Adequate self monitoring of capillary/interstitial glucose (if needed)
7. Able to treat hypoglycemia appropriately
8. Medications for cardiometabolic health have been initiated/considered
   1. ASA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. ACEi/ARB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Statin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. GLP-1RA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. SGLT-2 inhibitor: \_\_\_\_\_\_\_\_\_\_\_\_
   6. Icosapent ethyl: \_\_\_\_\_\_\_\_\_\_\_\_\_
   7. Finerenone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surveillance:

1. A1C and creatinine every 3-6 months
2. Lipids, ACR, BP, Foot exam once a year
3. Eye exam every 1-2 years as per the eye care professional.
4. Review patient self management records (CGM or CBG) if appropriate.

Criteria for escalation or re-referral:

1. Severe symptomatic hyperglycemia
   1. If evidence of diabetic ketoacidosis (DKA) or hyperglycemic hyperosmolar state (HHS), the patient should be advised to go to the ER
2. Severe recurrent hypoglycemia
3. Deterioration of renal functioning requiring medication adjustment
4. Prolonged high doses of steroids (or other medications that may worsen diabetes)
5. Side effect or contraindications to several classes of diabetes medications
6. Pregnancy (suggest referral to diabetes in pregnancy clinic)