



GLYCOSURIA/HYPERGLYCEMIA/PREDIABETES

DEFINITION	Glycosuria is the presence of glucose in the urine. Hyperglycemia is an excess of glucose in the blood. Prediabetes is a condition when blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes. (Prediabetes is also known as Impaired Glucose Tolerance (IGT) or Impaired Fasting Glucose (IFG) depending on which test was used to detect it. IGT uses the oral glucose tolerance test and IFG uses the fasting plasma glucose test.)
SUBJECTIVE	May include: <ol style="list-style-type: none">1. No symptoms.2. Family history of diabetes.3. Abnormal weight loss or gain.4. Fatigue, blurred vision, recurrent vulvovaginal candidiasis.5. History of gestational diabetes or birth weight of newborn 9 lbs. or greater.6. Polydipsia, polyphagia, or polyuria.7. 20% over ideal body weight; sedentary lifestyle.8. Race (higher incidence of diabetes among American Indian, Hispanic, and African American population).9. History of hypertension.10. History of decreased HDL and increased triglycerides.11. History of Polycystic Ovarian Syndrome or Metabolic Syndrome12. History of antipsychotic medication therapy.
OBJECTIVE	May include: <ol style="list-style-type: none">1. Blood pressure.2. Height and weight.3. Complete physical exam. Acanthosis Nigricans may be noted in axillae, groin, and/or neck.
LABORATORY	May include: <ol style="list-style-type: none">1. Glycosuria: Positive glucose with or without ketonuria.2. Hyperglycemia: lab of choice may include one or more of the following.<ol style="list-style-type: none">a. Fasting plasma glucose (FPG)<ol style="list-style-type: none">1. Prediabetes: FBG between 100 mg/dl to 125 mg/dl2. Diabetes: FBG is ≥ 126 mg/dlb. Oral Glucose Tolerance Test >140mg/dl but less than 200mg/dlc. Hemoglobin A1C 5.5-6.4.
ASSESSMENT	Glycosuria/Hyperglycemia/Prediabetes
PLAN	For glycosuria – refer and/or draw FBG – then refer if ≥ 100 . For hyperglycemia – may refer for diabetic evaluation and management.

	Follow up test should be done on subsequent day to confirm diagnosis.
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Provide education regarding importance of follow-up for diagnosis and management. 2. Encourage exercise, dietary changes and weight management. 3. Recommend client RTC as indicated.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Any client with abnormal lab finding. 2. Any client with hyperglycemia for diabetic evaluation and management.

Revised 09/11

References:

1. Diagnosis and Classification of Diabetes Mellitus. (2005). Diabetes Care, 28, S37-S42.
2. <http://www.cdc.gov/diabetes/pubs/general05.htm>
3. American Diabetes Association. (1995-2011). Retrieved September 2011, from website www.diabetes.org
4. Handelsman, Yehuda et al. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for Developing a Diabetes Mellitus Comprehensive Care Plan (March/April 2011) Endocrine Practice Vol 17 (Supplement 2) <http://aace.metapress.com/content/t7g5335740165v13/fulltext.pdf> retrieved from the Web 6/2/2011.
5. Hatcher, R.A., Trussell, J., Nelson, A., Cates, W., Stewart, F., Kowal, D., (2007) Contraceptive Technology (19th Ed.). New York: Ardent Media, Inc. pp. 69, 76, 129, 185, 220, 468.