**ADA Standards of Medical Care in Diabetes** recommends all patients be assessed and referred for:

- **Nutrition**
  - Registered dietitian for medical nutrition therapy

- **Education**
  - Diabetes self-management education and support

- **Emotional Health**
  - Mental health professional, if needed

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### Four critical times to assess, provide, and adjust diabetes self-management education and support

<table>
<thead>
<tr>
<th>Event</th>
<th>Timeframe</th>
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</thead>
<tbody>
<tr>
<td>At diagnosis</td>
<td>1</td>
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<tr>
<td>Annual assessment of education, nutrition, and emotional needs</td>
<td>2</td>
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<tr>
<td>When new complicating factors influence self-management</td>
<td>3</td>
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<tr>
<td>When transitions in care occur</td>
<td>4</td>
</tr>
</tbody>
</table>

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### When primary care provider or specialist should consider referral:

- Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S.
- Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals.
- Needs review of knowledge, skills, and behaviors.
- Long-standing diabetes with limited prior education.
- Change in medication, activity, or nutritional intake.
- HbA1c out of target.
- Maintain positive health outcomes.
- Unexplained hypoglycemia or hyperglycemia.
- Planning pregnancy or pregnant.
- For support to attain and sustain behavior change(s).
- Weight or other nutrition concerns.
- New life situations and competing demands.
- Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen.
- Physical limitations such as visual impairment, dexterity issues, movement restrictions.
- Emotional factors such as anxiety and clinical depression.
- Basic living needs such as access to food, financial limitations.
- Living situation such as inpatient or outpatient rehabilitation or now living alone.
- Medical care team.
- Insurance coverage that results in treatment change.
- Age-related changes affecting cognition, self-care, etc.