

## 14.1 Glycosuria

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SUBJECTIVE	<u>May include:</u> <ol style="list-style-type: none"><li>1. Family history of diabetes (parent, grandparents, siblings)</li><li>2. Polyuria</li><li>3. Polydipsia</li><li>4. Polyphagia</li><li>5. Abnormal weight loss or gain</li><li>6. Nocturia</li><li>7. Fatigue</li><li>8. Obesity (BMI <math>\geq</math> 25)</li><li>9. Recurrent vaginal candidiasis and/or chronic vulvar itching</li><li>10. Peripheral neuropathy</li><li>11. Furunculosis</li><li>12. Recurrent blurred vision</li><li>13. History of slow wound healing</li><li>14. Recent high sugar intake</li><li>15. Birth weight of newborns 9 lbs. or over</li></ol>
OBJECTIVE	<u>May include:</u> <ol style="list-style-type: none"><li>1. Chronic vulvo-vaginitis</li><li>2. Elevated BP</li><li>3. Obesity (BMI <math>\geq</math> 25)</li><li>4. Peripheral neuropathy</li><li>5. Furunculosis</li></ol>
LABORATORY	<u>May include:</u> <ol style="list-style-type: none"><li>1. Urine dip stick – glucose <math>\geq</math> to 1+ with or without ketonuria</li><li>2. Lipid panel (cholesterol, HDL, LDL, Triglycerides)</li></ol>
ASSESSMENT	Glycosuria
PLAN	<ol style="list-style-type: none"><li>1. Repeat urine on fasting A.M. specimen</li><li>2. Refer to physician</li></ol>
CLIENT EDUCATION	<ol style="list-style-type: none"><li>1. Reinforce general hygiene</li><li>2. Diet and exercise counseling</li><li>3. Advise patient on their responsibility to comply with referral.</li><li>4. Counsel patient on the importance of the referral and the agreed upon method of follow-up.</li></ol>
REFER TO PHYSICIAN	Abnormal laboratory tests or questionable significant findings

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