#### AMPATH protocol for diabetes and hypertension management

#### NOTE: THIS PROTOCOL AND CLINICAL ALGORITHM IS CURRENTLY BEING REVIEWED AND REVISED IN LIGHT OF THE RECENTLY PUBLISHED JNC-8 GUIDELINES

#### Training of health workers:

All health workers involved in diabetes and hypertension management (home-based testing counselors, community health workers, community health extension workers, nurses, clinical officers, physicians) will receive targeted training organized by the AMPATH Training Institute that covers the following topics:

- overview of CVD and CVD risk factors
- historical questions to ask patients
- physical examination techniques, as appropriate
- operation of blood pressure (BP) monitoring equipment
- operation of point-of-care diagnostic testing equipment for glucose, hemoglobin A1C, and other tests
- data collection and storage methods
- diabetes and hypertension treatment guidelines and algorithms
- healthy lifestyles and health promotion activities
- health education and lifestyle modification counseling techniques
- importance of medication adherence
- recognition of symptoms and signs of CVD and complications of diabetes and hypertension

All health workers will also receive regular, ongoing training and performance-enhancing education, to update clinical and counseling skills.

**Case finding:** The door-to-door home-based testing counselor will be trained to use a point-ofcare glucose testing kit and an automatic BP cuff, and tests all adults  $\geq$  18 years old for both random blood sugar (RBS) and BP. The counselor will refer all individuals with RBS  $\geq$  8.1 mmol/dL to the local rural health facility where a fasting blood sugar (FBS) will be checked. Similarly, the counselor will refer all individuals with elevated BP (systolic BP (SBP)  $\geq$  140 or diastolic BP (DBP)  $\geq$  90), and the BP will be repeated by the rural health facility clinician.

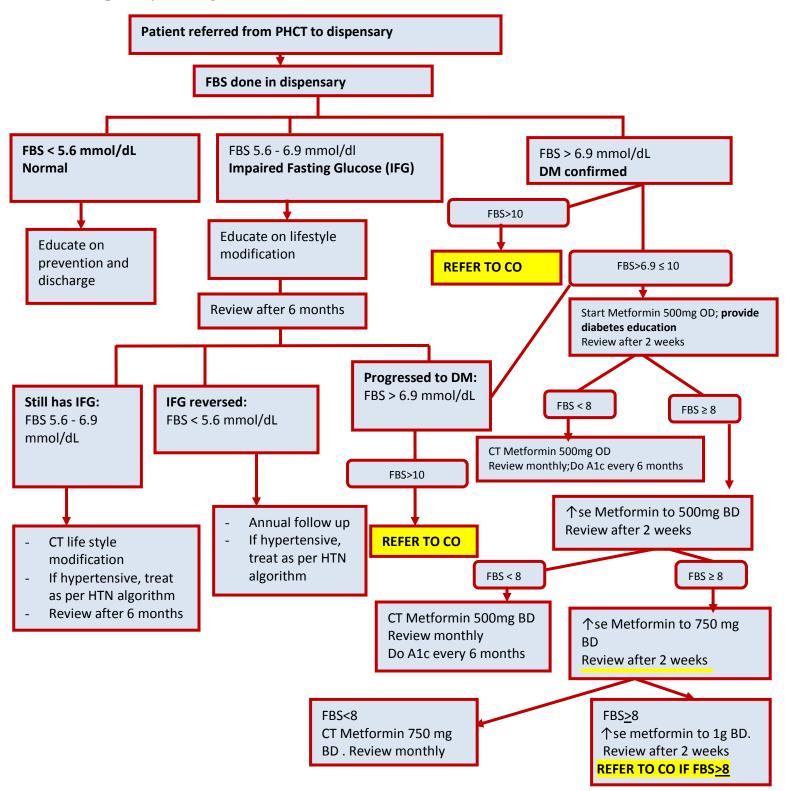
#### All individuals referred to rural health facility:

 Counseling for lifestyle modification will be conducted in accordance with WHO goals: maintain a healthy weight, salt intake < 5 grams per day, > 5 servings of fruits and vegetables per day, ≥ 30 minutes of moderate-intense exercise per day

# Work-up, classification of patients, and treatment algorithms are contained on the following pages.

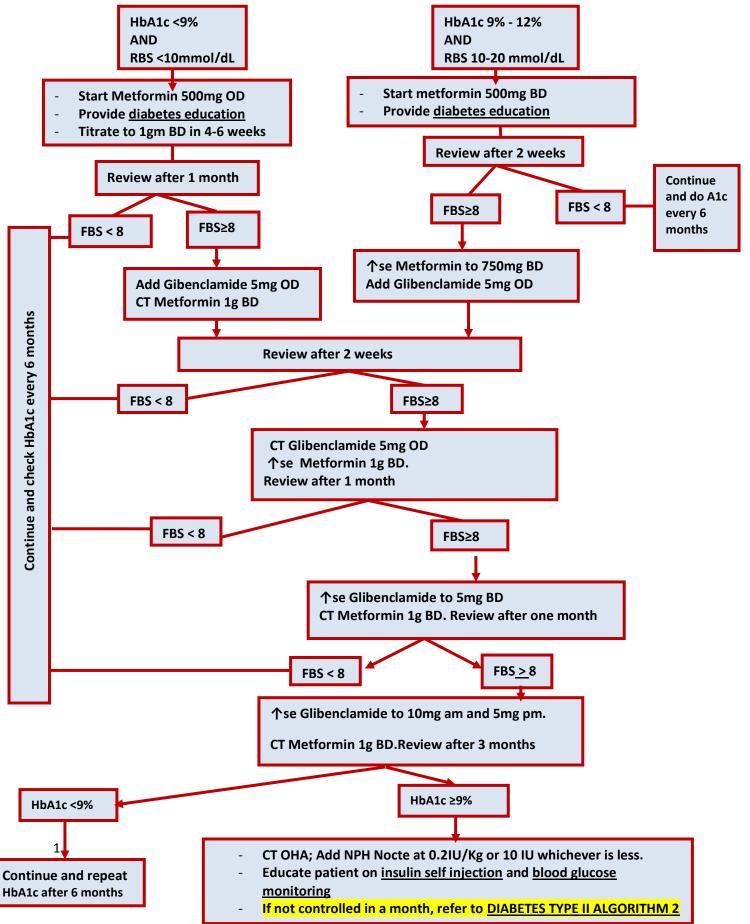
## **Diabetes Screening and care algorithm**

**Dispensary care algorithm:** 



## **Diabetes Type II Algorithm 1 (Health center)**

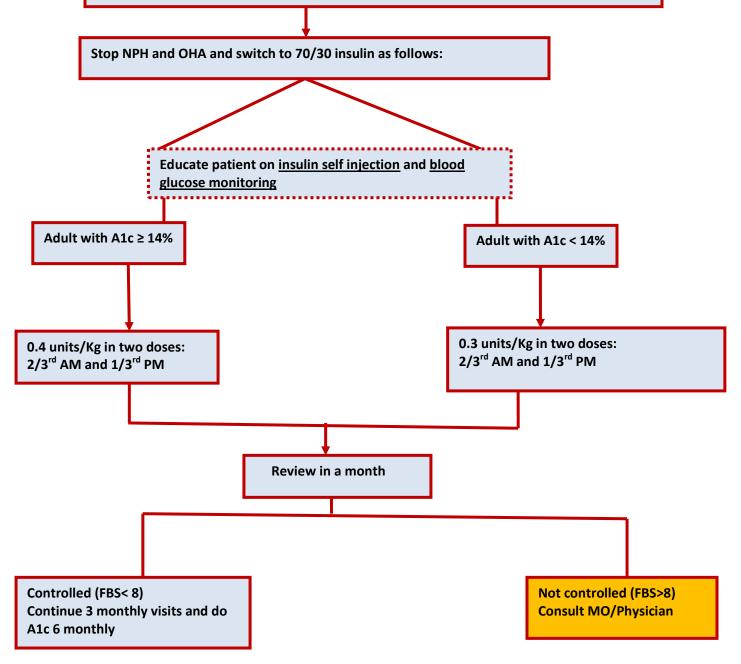
(Applies to patients who are not pregnant, and have normal renal function)



## **Diabetes Type II Algorithm 2 (Health center)**

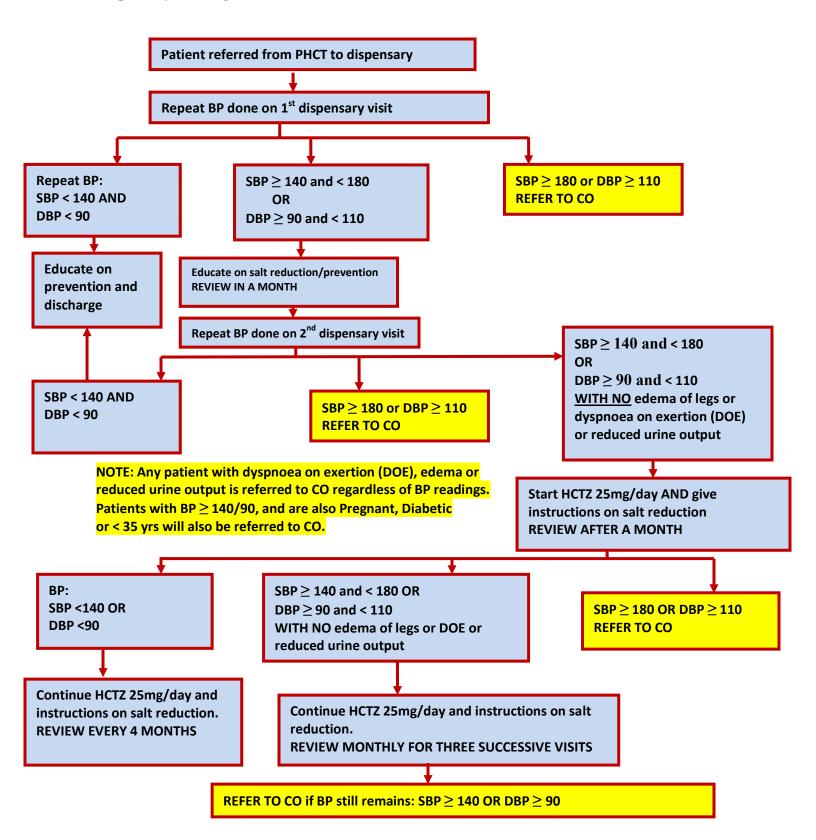
At screening: RBS >20 and/or HbA1c > 12% and <u>OR</u> patients not controlled on OHA and nocte NPH:

- 1. Consult MO/physician earliest time possible (tele-support)
- 2. Do urinalysis: Ketones, Proteins
- 3. Do creatinine if protenuria is present



## Hypertension screening and care algorithm

**Dispensary care algorithm:** 



## Management of hypertension in diabetes

