



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
METABOLIC SYNDROME SCREENING AND MONITORING TOOL

NAME	DOB
AGENCY	DCN # (IF AVAILABLE)

VITAL HISTORY		Baseline	Subsequent Values						
	Date	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>
	Height (in) _____								
	Weight (lbs)								
	BMI (kg/m2)								
	Waist Circumference								
	BMI Monitoring BMI ↑ 25 - overweight BMI ↑ 30 - obese Waist Circumference Monitoring Females ↓ 35" or Men ↓ 40" within normal limits Females ↑ 35" or Men ↑ 40" - prediabetic risk factor								

BLOOD GLUCOSE		Baseline	Subsequent Values						
	Date	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>
	Blood Pressure (mmHg)								
	Manual/Automated	M/A	M/A	M/A	M/A	M/A	M/A	M/A	M/A
	Blood Pressure Monitoring Normal - BP 120/80 and below, Prehypertension - BP 120/80 - 139/89, Hypertension - 140/90 and above								

BLOOD GLUCOSE		Baseline	Subsequent Values						
	Date	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>
	Plasma Glucose (mg/dl)								
	Fasting - Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	and/or Hgb A1c								
	Fasting Plasma Glucose &/or Hgb A1c FPG ↓ 100 mg/dl or Hgb A1c ↓ 6.0 within normal limits FPG 100 - 125 mg/dl is indicative of prediabetes <i>Observe the patient for s/s of diabetes i.e.: wt gain (increase or decrease), polyuria or polydipsia.</i> FPG ↑ 126 mg/dl or Hgb A1c ↑ 6.1 indicates diabetic state								

LIPID PANEL		Baseline	Subsequent Values						
	Date	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>
	Total Cholesterol (mg/dl)								
	LDL (mg/dl)								
	HDL (mg/dl)								
	Triglycerides (mg/dl)								
	Lipid Panel Monitoring LDL ↓ 130 mg/dl, HDL ↑ 40 mg/dl &/or Triglycerides ↓ 150 mg/dl within normal limits LDL ↑ 130 mg/dl, HDL ↓ 40 mg/dl &/or Triglycerides ↑ 150 mg/dl at risk for hyperlipidemia								

Taking antipsychotic?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Pregnant?	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U
Smoker?	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U	Y/N/U
Patient refused	Date ___/___/___			Requested order from outside provider			Date ___/___/___	
Screeners Initials								

Pre-diabetes Screening and Monitoring Guidelines for Children and Adolescents

Age Range	Under Age 10	10-17 Years	
Over Weight	> 90th Percentile in Weight unless puberty has occurred. If either is present follow 10-17 guidelines.	BMI is: <ul style="list-style-type: none"> • 85th percentile for age & gender • Or 85th percentile for height • Or Weight is > 120% of ideal for height AND Two risk factors	
Other Risk Factors		Two of the following: <ul style="list-style-type: none"> • Family history of type 2 diabetes (1st/2nd degree) • Race ethnicity (Native American, African American, Hispanic American, Asian/South Pacific Islander) • Signs of insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome) 	
Screening		Screening Tests	Requires additional testing if:
		Fasting Plasma Glucose (FPG)	100-125 mg/dL (may indicate pre-diabetes)
		Fasting Plasma Glucose (FPG)	126 mg/dL (may indicate diabetes)
		Impaired Glucose tolerance (IGT)	2 hrs after 75g glucose, value is > 140-199 (pre-diabetes); > 200 diabetes)
Frequency		Every two years	
Action	Notify physician and dietician of need for consult.	<p style="text-align: center;">Results Abnormal</p> <ol style="list-style-type: none"> 1. Repeat tests on subsequent day to diagnose 2. Implement treatment plan including lifestyle modification 3. Screen for Cardiovascular Disease Risk Factors: <ul style="list-style-type: none"> • HDL < 40 mg/dL • Fasting Triglycerides > 150 mg/dL • Blood Pressure > 130/85 mm/Hg 	<p style="text-align: center;">Results Normal</p> Screen as in 1-3
Rationale	Metabolic Syndrome cannot be diagnosed but further measurements should be made if there is a family history of metabolic syndrome, type 2 Diabetes, dyslipidemia, cardiovascular disease, hypertension and/or obesity.		