UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY ADVANCED PHARMACY PRACTICE EXPERIENCES

Student:	_ Date:/ Rotation Type: ADULT MEDICINE Rotation #
Preceptor:	Preceptor Signature:
APPE Adult Medicine PRCT 586 Diabetes Management	
	petes. If for some reason such a patient cannot be identified at your site, role-play al, or your preceptor and complete the following:
How long has the patient had diabetes? (Question 1 of 4 - Mandatory)	What are the macro- and micro-vascular complications of uncontrolled diabetes?
3	iving for management of diabetes? Is the patient currently controlled on the oals for patients depending on other parameters? (Question 2 of 4 - Mandatory)
What therapeutic, adverse effect, labs, on the concerns? (Question 3 of 4)	or other parameters are being monitored in the patient (if applicable)? Are there
Are there any changes to the patient's nyour recommendations below. (Questic	medication regimen that should be made based on your assessment? If so, describe on 4 of 4)
•	If you are satisfied with the evaluation, click the SUBMIT button below. Once allable for you to make further changes.