

American Diabetes Association Guidelines for the Diagnosis of Diabetes

Presence of diabetic ketoacidosis (DKA) or hyperosmolar hyperglycemic state (HHS)	
In presence of unequivocal symptoms of hyperglycemia (polyuria, polydipsia, weight loss), Any ONE of the following:	In absence of symptoms of hyperglycemia, Any TWO of the following:
Random plasma glucose \geq 200 mg/dL	
Fasting plasma glucose \geq 126 mg/dL	
2-hr glucose post 1.75 g/kg (max 75 g) oral glucose load (OGTT) \geq 200 mg/dL	
Hemoglobin A1c (HbA1c) \geq 6.5%	

American Diabetes Association Guidelines for the Diagnosis of "PREDIABETES"

Impaired fasting glucose	Fasting glucose 101 – 125 mg/dL
Impaired glucose tolerance	Random or 2-hr glucose post-OGTT 140-199 mg/dL
Elevated HbA1c	5.7 – 6.4%

Please note:

1. Glucose values are based on **serum** glucose, not point-of-care values which can be inaccurate and imprecise.
2. Elevated fasting and/or non-fasting insulin levels are NOT diagnostic of either pre-diabetes or diabetes and are not involved in diagnosis decisions; instead, use glucose or HgbA1C values as above to make a diagnosis.
3. Hemoglobin A1c can be falsely low in conditions of increased hemolysis such as cystic fibrosis, anemia, or hemoglobinopathies.

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