



Paediatric Diabetes Referral Pathway

Children and Young People (CYP) 0-18 years

To: General Practitioners & Primary Care Health Care Professionals in Ipswich and East Suffolk CCG

From: Dr J Buck– Consultant Paediatrician on behalf of the Children and Young Persons' Diabetes Team, The Ipswich NHS Trust

Dear Colleagues,

Type 1 Diabetes is the most common form of diabetes in children and young people. Approximately 25 children are diagnosed in our region each year.

25% of newly diagnosed patients are not diagnosed until they are in diabetic ketoacidosis (DKA).

This risk is even higher in the very young children, where the symptoms can be harder to identify.

DKA at diagnosis has definite morbidity and mortality and may also have long term effect on future diabetes control.

According to NICE Guidance NG18:

“Refer children and young people with suspected type 1 diabetes immediately (on the same day) to a multidisciplinary paediatric diabetes team with the competencies needed to confirm diagnosis and to provide immediate care.”

Our aims are:

- a. Avoid any delay in identifying and diagnosing Diabetes in Children and Young People.**
- b. CYP from the Ipswich and East Suffolk CCG with symptoms suggestive of diabetes to be referred on the SAME DAY to paediatric/young Persons' Services at The Ipswich NHS Trust.**

NB We are keen to hear about suspected type 2 diabetes immediately as well - ring to discuss with the Paediatric team.

REFERENCES: www.diabetes.org.uk/The4Ts

Diabetic Ketoacidosis at Diagnosis of Type 1 Diabetes Predicts Poor Long-term Glycemic Control, Diabetes Care 2017;40:1249–1255 <https://doi.org/10.2337/dc17-0558>

18 June 2019

FLOWCHART REFERRING CYP WITH SUSPECTED DIABETES TO SECONDARY CARE

Avoid any delay in identifying and diagnosing Diabetes in Children & Young People (CYP).

| WHAT TO LOOK FOR: Think 4T's | |
|---------------------------------|---|
| POLYURIA (T OILET) | POLYDIPSIA (T HIRST) |
| WEIGHT LOSS (T HIN) | EXCESSIVE TIREDNESS (T IRED) |

Also consider a diagnosis of Type 1 diabetes in any child presenting with:

- Abdominal pain
- Vomiting
- Respiratory distress



Perform capillary **BLOOD** glucose (CBG)
IMMEDIATELY

If unable to CBG test REFER

(NOT to test URINE)



If random CBG ≥ 11.1 mmol/L
OR
Fasting CBG ≥ 7.0 mmol/L

0 – 16th birthday

16 years and above



Refer to Paediatric Registrar at The Ipswich NHS Trust, 01473 712233 to be seen **SAME DAY** on Paediatric Assessment Unit (PAU)



Refer to Adult Medical Registrar at The Ipswich NHS Trust, 01473 712233 Bleep to be seen **SAME DAY** on Medical Assessment Unit (Brantham Ward)

NOTE: In children under 2 year of age, symptoms may not be immediately obvious. If in doubt perform CBG (urine testing is NOT appropriate).

There is **NO PLACE** for next day fasting blood glucose, Oral Glucose Tolerance tests or HbA1c in Children & Young People as means of diagnosing diabetes.

Any CYP with newly diagnosed diabetes and delayed referral from primary to secondary care is considered an avoidable clinical incident.

In this circumstance, as the clinically responsible secondary care team, we would request that the incident is investigated and the action plan from the root cause analysis is communicated to the responsible consultant. We consider this an important way to enhance feedback and reflective learning.

If unsure **DO NOT DELAY** - please contact the Paediatric / Young Person's Diabetes Service for advice
01473 712233