

SOMERSET CHILDHOOD DIABETES REFERRAL PATHWAY

DIABETES MELLITUS SUSPECTED

Type 1 is most common; follow this pathway if any type suspected; age under 16 yrs.
Those aged 16 -18yrs and in full-time education should be offered a choice about admission to Children's Unit or Adult Ward
*Incidence is increasing, particularly in the under 5yr olds

*Common symptoms

- Short history, usually 2-3 weeks of...
- Polyuria (+/- enuresis and nocturnal enuresis, eg. heavy/sodden nappies in toddlers*)
- Polydipsia
- Weight loss
- Tiredness / lethargy

*Suggestive clinical signs

- Hyperglycaemia (random venous plasma glucose $>11.1\text{mmols/l}$ - diagnostic criteria WHO1999)
- Urinalysis positive for glucose and ketones (NOT diagnostic)

NOTE: To avoid referral delays, venous sampling should be undertaken by hospital specialist teams skilled in this procedure for children.

Abnormal urinary glucose, HbA1C or a capillary blood glucose sample are not diagnostic, but are suggestive of diabetes and require same day referral.

ACUTELY UNWELL

Chronic and/or non-specific illness
Suspect Diabetic ketoacidosis (DKA)

Suggestive signs and symptoms of DKA

= *Common signs and symptoms **PLUS**

- Dehydration
- Respiratory effort / Kussmaul breathing
- Significant urinary or blood ketones (moderate/large)
- Vomiting
- Abdominal pain
- Shock – reduced conscious level, reduced peripheral pulse volume

SAME DAY referral to Children's Assessment Unit / Children's Unit
Verbal referral via on-call Paediatric Team
MPH (Taunton) 01823 333444
YDH (Yeovil) 01935 475122
RUH (Bath) 01225 428331
Written referral to accompany child

URGENT admission to Children's High Dependency Unit / Children's Unit
Verbal referral via on-call Paediatric Team
Written referral to accompany child
'999' ambulance admission if emergency

Paediatric Team and Children's Diabetes Specialist Team will assess child, confirm diagnosis, immediately manage case and determine suitability / agree support for home management or rapid discharge home when appropriate (service variation within county).
The children's diabetes specialist team will assume the lead for ongoing care (NICE CG15, 2004).