



This Primary Care Identification and Referral Guideline was agreed by the

**Children & Young People's North East & North Cumbria Diabetes Network
October 2014**

Introduction from Dr Neil Hopper, Consultant Paediatrician and Chair of the Regional Network

Dear Colleagues,

On behalf of the Children and Young People's North East and North Cumbria Diabetes Network, I'm delighted to introduce these guidelines for the diagnosis and timely referral of children and young people with diabetes.

May I take this opportunity to remind everyone that the majority of children have Type 1 Diabetes, the diagnosis and treatment of which is a medical emergency in order to prevent children developing Diabetic Ketoacidosis – the principle cause of mortality in children with diabetes. The speed of response required is very different to Type 2 diabetes.

25-30% of children are in DKA at diagnosis in the UK, which is approximately twice the rate in some countries, such as Sweden. A recent BSPED survey identified that 24% of recently diagnosed children had seen multiple health care professionals before the diagnosis was made. It is not uncommon for those of us treating children with diabetes, to see that primary care colleagues are approaching the diagnosis in a way in keeping with an adult with suspected Type 2 diabetes.

I hope these guidelines are clear and easy to implement. Please circulate them widely. They complement the excellent 4Ts campaign by Diabetes UK, who produce excellent free posters that should be displayed anywhere children and parents go to raise awareness in the general population. Please order some and display them in your place of work.

<http://www.diabetes.org.uk/the4ts>

Kind Regards,

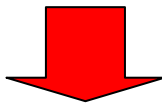
Neil Hopper

This document has been adapted for use by Dr.Jude Reid, Associate Specialist, Queen Elizabeth Hospital, Gateshead, from those developed by the paediatric diabetes teams in The Ipswich Hospital NHS Trust, Calderdale & Huddersfield NHS Foundation Trust and the Children & Young People's Yorks. & Humber Diabetes Network Chair, Kate Poole. Thanks go to all of the above.

Paediatric Diabetes Referral Guidelines in Primary Care

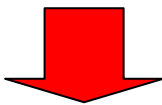
Clinical Signs and Symptoms

- Polydipsia
- Polyuria
- Nocturia, new Enuresis
- Weight loss
- Tiredness
- Glycosuria, Ketonuria
- Signs of DKA i.e. abdominal pain, nausea/vomiting, altered conscious state, respiratory distress
- Symptoms may be more subtle and mimic infection in under 5s

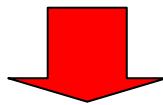


Action: Test capillary blood glucose level
If Fasting sample >7 mmol/l or Random sample \geq 11.1 mmol/l = Diabetes

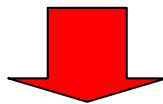
If it is not possible to perform a finger prick sample, please refer on clinical suspicion alone



Please refer **immediately by telephone** to the local paediatrician on-call. **Do not** send the child/young person to pathology or children's outpatients for a blood test; the paediatric team will take samples as required. **Do not** refer as an outpatient
If any diagnostic doubt, discuss urgently with paediatrics



Send to local hospital as per local paediatric admission agreement
The child will be assessed and managed by the Paediatric Team on-call and referred to the specialist Paediatric Diabetes Team



Diabetes treatment and education will be initiated
Notification of treatment/medication and equipment requirements will be sent to GP within 24 hours of discharge