



## Primary Care Identification and Referral Guideline March 2019

### Children & Young People's North East & North Cumbria Diabetes Network

Dear Primary Care Colleagues,

On behalf of the Children and Young People's North East and North Cumbria Diabetes Network (NENCCYPDN)

**The Covid pandemic has resulted in the under recognition of the symptoms of Type 1 Diabetes and DKA in children and young people resulting in more children and young people presenting late with New Type 1 Diabetes and in DKA.**

**Our aim is to prevent DKA at diagnosis which should be avoidable.**

**In the North East and North Cumbria 65 (38%) children and young people were in DKA at diagnosis between 23 March 20 and 15 January 21.**

Pre COVID the National Paediatric Diabetes Audit 2017/18 showed that nationally 18.2% of children and young people were in DKA at diagnosis.

It is not uncommon for children and young people to be seen multiple times in primary care before a diagnosis/referral is made. Frequently the approach to diagnosis is in keeping with an adult suspected of having Type 2 diabetes. It is essential that ALL children and Young people in whom you are considering a diagnosis of diabetes (any type) are referred the same day. The majority of children have Type 1 Diabetes, the diagnosis of which is a medical emergency in order to prevent the development of Diabetic Ketoacidosis – the principle cause of mortality in children and Young people with diabetes.

I would like to thank you for working in partnership to improve the early recognition and timely referral of children and young people with diabetes.

Please re-circulate this information and guideline widely to all frontline services who have contact with children and families

Kind Regards

Judith Reid

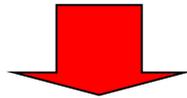
**Dr Judith Reid, Associate Specialist in Paediatrics and Chair of the CYP NENC Diabetes Network**



## Paediatric Diabetes Referral Guidelines in Primary Care

### Clinical Signs and Symptoms

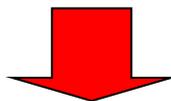
- Polydipsia
- Polyuria
- Nocturia, new Enuresis
- Weight loss
- Tiredness
- Glycosuria, Ketonuria
- Signs of DKA i.e. abdominal pain, nausea/vomiting, dehydration, respiratory distress, altered conscious state
- Symptoms may be more subtle ( Candida infection or constipation) and mimic infection in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



**Action:** Test capillary blood glucose level

**If Fasting sample  $\geq 7$  mmol/l or Random sample  $\geq 11.1$  mmol/l = Diabetes**

However regardless of blood glucose level or if unable to do glucose test 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