



This Primary Care Identification and Referral Guideline was originally agreed
October 2014 and reviewed March 2019 by the
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) 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. Our aim is to **prevent DKA at diagnosis** which should be **avoidable**.

Nationally 18.2% of children and young people are in DKA at diagnosis (NPDA report 2017/18.) In the NENCCYPDN in 2014/15 18.8% of CYP were in DKA at diagnosis (based on Hospital Admissions and Complications report published July 2017 which used NPDA and HES data.) The recent NPDA 2017/18 data on DKA at diagnosis is not representative of the current situation due to data reporting not being complete for all units. Local network analysis from 5/8 units suggests 32% of CYP who are diagnosed with diabetes in the North East and North Cumbria are 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 hope these updated guidelines, which are in line with NICE NG18 recommendations, 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 along with the attached referral pathway in your place of work.

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

Kind Regards

Judith Reid

Dr Judith Reid, Associate Specialist in Paediatrics and Chair of the Regional Network

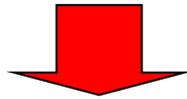
This document has been adapted for use by Dr. Jude Reid, Associate Specialist, Queen Elizabeth Hospital, Gateshead, from those developed by the paediatric diabetes teams in The Ipswich Hospital NHS Trust, Calderdale & Huddersfield NHS Foundation Trust and the Children & Young People's Yorks. & Humber Diabetes. 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, dehydration, respiratory distress, altered conscious state
- Symptoms may be more subtle (Candida infection or constipation) and mimic infection in under 5s



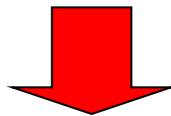
Action: Test capillary blood glucose level

If Fasting sample >7 mmol/l or Random sample ≥ 11.1 mmol/l = Diabetes

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

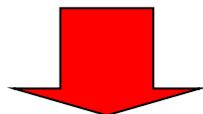


Please refer **immediately by telephone** to the local paediatrician on-call. **Do not** send the child/young person to pathology or children's outpatients for a blood test; the paediatric team will take samples as required. **Do not** refer as an outpatient
If any diagnostic doubt, discuss urgently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

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