



Referral Pathway for Suspected Diabetes in Children and Young People up to 18 years

Symptoms THE 4 Ts

- Thirsty (Polydipsia)
- Toileting (Polyuria)
- Tiredness
- Thin (weight loss)

RED FLAGS

- Nausea or vomiting
- Abdominal pain
- Hyperventilation / Kussmaul breathing
- Dehydration
- Reduced level of consciousness

KEY MESSAGE
 If you are suspecting a diagnosis of diabetes do not delay referral to secondary care. Referrals should be same day to reduce the risk of DKA

Less Common Symptoms

- Constipation
- Oral/Vaginal thrush
- <2 years non-specific symptoms

ASSUME TYPE 1 DIABETES & Perform capillary glucose measurement*
 *Urinary glucose measurement is not recommended, however if no access to capillary glucose testing and suspicion of diabetes then consider same day testing and referral. Do not delay testing or referring to await sample. Do not arrange fasting glucose or HbA1c

SUSPECT DKA
 Glucose >11mmol/l
 Immediate referral to paediatric diabetes registrar / paediatrics or emergency department*
 *Explain seriousness and the need for urgent hospital assessment and treatment

Contact Details
THE JOHN RADCLIFFE HOSPITAL (JRH) - For referral at any time, telephone: (01865) 741166 Bleep General Paediatric Registrar, Bleep 1711.
THE HORTON HOSPITAL (HGH) - For referral at any time, telephone: (01865) 741166 Bleep Paediatric Consultant 9403
Oxford Paediatric Advice/Referral Line: Tel: 01865 227533, Option 1 for HGH and Option 2 for JRH.
For the Diabetes Team 9am-5pm phone 01865 741166, and ask for the Paediatric Endocrinology Registrar, Bleep 1775.

Capillary blood glucose level 7-11 mmol/l

Capillary blood glucose level >11mmol/l

Contact Paediatric Diabetes Registrar to discuss

SAME DAY REFERRAL TO SECONDARY CARE



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Diagnosing children and young people with diabetes



Key messages about Referral Pathway

- **Type 1 diabetes can occur at any age, from the first few months of life. In younger children (particularly less than 2 years) symptoms can be non-specific. Have a low threshold for considering capillary glucose testing particularly if multiple attendances for non-specific symptoms.**
- Delay in diagnosis, which can be caused by inappropriate or delayed investigation in primary care, can result in Diabetic Ketoacidosis (DKA).
- DKA is life threatening, costly, unnecessary and extremely traumatic for young people and their carers.
- NICE guidelines for Diabetes in Children and Young People recommends a same day pathway for referrals to minimise delay and ensure that all children obtain specialist management as soon as possible. The aim is also to avoid development of DKA by early recognition and management.

Basic Principles:

- If diabetes is suspected, check a capillary blood glucose test at any age.
- If blood glucose is high, **refer on the same day** to secondary care through the general paediatric team.
- The Oxfordshire Children's Diabetes Service will accept any new diagnosis **prior** to their **18th birthday**.

Is it Type 1 or Type 2 Diabetes?

- Whilst there is an increasing incidence of Type 2 diabetes in the paediatric population, Type 1 diabetes accounts for more than 95% of diabetes in children and young people.
- As specialist paediatric diabetes teams manage all types of diabetes, there is no need to differentiate between types of diabetes prior to referral.
- Most young people will be managed as type 1 diabetes until proven otherwise.
- **It is important to treat as Type 1 initially to prevent DKA.**

Unsure what to do?

Please speak to a member of the Children's Diabetes Team. The best contact is through the Paediatric Endocrinology Registrar - bleep 1775 at the John Radcliffe Hospital (01865 741166).

Out of hours please discuss with General paediatrics.

References: Diabetes (type 1 and type 2) in children and young people: diagnosis and management NICE guideline [NG18]