

## Paediatric Diabetes Referral Guidelines in Primary Care Developed by North East and North Cumbria Diabetes Network

### Clinical Signs and Symptoms

Polydipsia  
Polyuria  
Nocturia, new onset 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

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.

**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

The diagnosis of Type 1 diabetes 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

Diabetes treatment and education will be initiated

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