

Tutorials: Top Tips for Referrals

Suspected Diabetes in children & young people <19 years of age

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General Referral Advice to a Paediatric Diabetes Service

All hospital trusts in Wessex have a designated Paediatric Diabetes Team funded to provide all care to children & young people with diabetes.

Who to refer? Any child up to their 19th birthday, who you suspect may have diabetes, regardless of which type of diabetes you think they may have. 95% children & young people in Wessex with diabetes have Type 1 (insulin dependent) Diabetes.

What symptoms are these patients likely to have? Patients developing Type 1 Diabetes (T1DM) classically present with weight loss, excess thirst and excessive urine output. Often these symptoms are not the first symptoms reported by the patient and may only be identified if asked about directly. Ask about weight loss, excess thirst & increased urine output (particularly overnight) in any child presenting with tiredness & lethargy, increased urinary frequency, nocturnal enuresis. Children with T2DM may have similar symptoms or may be asymptomatic.

Family history: Children with a 1st degree relative with T1DM are at increased risk of developing diabetes. A strong family history of diabetes may be suggestive of either T2DM or MODY.

What investigations to do before referring? It is helpful to do the following on the day you first see the child

- Urine dipstick looking for glucose and ketones. If glucose is positive on dipstick this is suggestive of a diagnosis of diabetes. Please note however that urine may be negative for glucose in a patient with diabetes if the sample is taken after a prolonged fast (e.g a urine sample first thing in the morning).
Urine dipstick containing ketones but not glucose is not suggestive of diabetes & instead is suggestive the child has had a period of prolonged fasting.
- Capillary blood glucose – fasting capillary blood glucose ≥ 7.0 mmol/L or random capillary blood glucose ≥ 11.1 mmol/L is suggestive of a diagnosis of diabetes

It is not essential to do any investigations prior to referral if not possible / practical. Referral should not be delayed pending the child being sent for blood tests such as a fasting glucose or HbA1c level. If you have a high level of suspicion that the child has developed diabetes just refer the same day.

When & how to refer? Any young person <19y who you suspect might have diabetes (regardless of which type of diabetes) should be referred the same day to the general paediatric team in your local hospital, who will be able to arrange to have urgent investigations to confirm the diagnosis and to start immediate treatment. They should not be referred by any other method (e.g. e-referral / GP letter).

It can be difficult to differentiate between T1DM & T2DM as obese children are still statistically more likely to have T1DM & children with T2DM can present in Diabetic Ketoacidosis (DKA). Patients with type 1 diabetes need to be started on insulin treatment as soon as possible to prevent DKA. 1 in 3 children with newly diagnosed diabetes are in DKA at presentation. This is a potentially life-threatening complication of diabetes & is preventable if the child is identified with diabetes at an earlier stage (even 1-2 days earlier).

What happens at diagnosis?

When you urgently refer a patient who you think may have diabetes, they will be seen the same day by the General Paediatric team on call. They will do further investigations to confirm the diagnosis and start any necessary treatment. The patient will then be seen the same / next working day by the Children's Diabetes Team who will start educating the patient and their family about self-management of diabetes. The child may need to stay in hospital for 1-2 days for this to happen.

On discharge we will ensure that the child has all the necessary equipment and medications that they need for the immediate period after discharge. They will be given a sharps bin and we will notify the council of the need for this to be collected & re-issued when full. The family will also be given all the contact details for the diabetes team.

The GP will be sent a discharge letter detailing this and also a list of all the prescribable medication / equipment the patient will require going forward.

What services does a Children's Diabetes team offer?

Following diagnosis the patient will be offered an education package delivered by trained educators from the Children's Diabetes Team covering all aspects of diabetes self-management. This will be delivered mostly in the child's home. Support for the child in school will also be offered by the Paediatric Diabetes Nursing team.

The patient will be offered 3 monthly (or more frequent if needed) outpatient appointments in the Paediatric Diabetes Clinic, during which they will see a doctor (either Paediatric Diabetes Consultant or Specialist Registrar in training) and also be offered the opportunity to see a nurse, dietitian and psychologist from the Children's Diabetes team.

Once a year they will have a medical examination, blood & urine tests to screen for complications of their diabetes & for conditions that can be associated with diabetes such as Coeliac & Thyroid disease. All children ≥ 12 y will be enrolled in a retinal screening programme to receive annual screening for retinopathy. The Paediatric Diabetes team will arrange for these tests and action the results. The child will also be offered ongoing diabetes education from the nursing and dietetic team members and a psychology assessment annually.

Between hospital appointments all patients are offered regular contact by the diabetes nursing team to support them with managing their diabetes. These contacts include home & school visits, telephone, email and text messaging.

The team run an on call service for patients, their families and carers to contact a team member for advice 24 hours a day.

GPs involvement in the care

When a child is diagnosed with diabetes you will be electronically notified about the diagnosis and requested to prescribe the necessary consumables and insulin for the patient.

All the patient's consumables including blood testing equipment and medications need to be supplied on prescription from the GP practice. We will inform you of any changes to the prescriptions that are needed.

For patients using insulin pumps or continuous glucose monitoring devices, all the consumables will be ordered through the hospital team and supplied directly to the patient, the only exception for this is the Libre Flash Glucose Monitoring system, which is instigated by the Children's Diabetes team, but ongoing consumables prescribed by the GP.

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