

Paediatric Diabetes Referral Pathway - Children and Young People (CYP) 0-18 years

East and North Hertfordshire NHS Trust

01st June 2018

To: General Practitioners & Primary Care Health Care Professionals in Hertfordshire/South Bedfordshire

From: Dr Matei – Consultant Paediatrician on behalf of the Children and Young People Diabetes Team, East and North Herts NHS Trust

Dear Colleagues,

Type 1 Diabetes is the most common form of diabetes in children and young people. Approximately 2,000 children are diagnosed each year nationally. 25% of them are not diagnosed until they are in diabetic ketoacidosis (DKA). This risk is even higher in the very young children, where the symptoms can be harder to identify.

DKA at diagnosis has a long term effect on future diabetes control and in itself is an emergency that we all try very hard to avoid.

According to NICE Guidance NG18:

“Refer children and young people with suspected type 1 diabetes immediately (on the same day) to a multidisciplinary paediatric diabetes team with the competencies needed to confirm diagnosis and to provide immediate care.”

Our aims are:

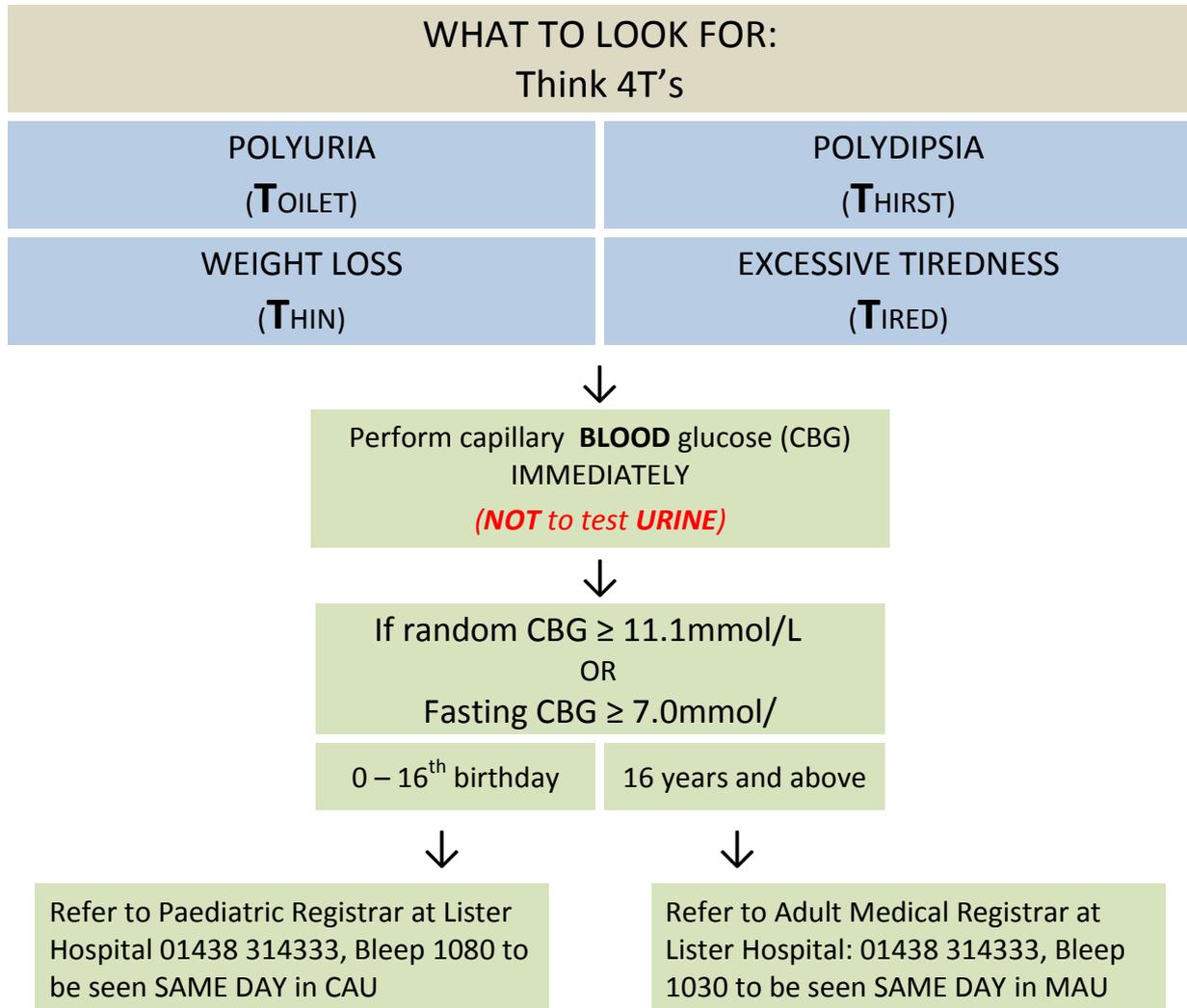
- a. Avoid any delay in identifying and diagnosing Diabetes in Children and Young People.**
- b. CYP from Hertfordshire/South Bedfordshire with symptoms suggestive of Diabetes to be referred on the SAME DAY to paediatric/young adult services at the Lister Hospital.**

REFERENCES: www.diabetes.org.uk/The4Ts

Diabetic Ketoacidosis at Diagnosis of Type 1 Diabetes Predicts Poor Long-term Glycemic Control, Diabetes Care 2017;40:1249–1255
<https://doi.org/10.2337/dc17-0558>

FLOWCHART REFERRING CYP WITH SUSPECTED DIABETES TO SECONDARY CARE

Avoid any delay in identifying and diagnosing Diabetes in Children & Young People (CYP).



NOTE: In children under 2 year of age, symptoms may not be immediately obvious. If in doubt perform CBG (urine testing is NOT appropriate).

There is **NO PLACE** for next day fasting blood glucose or HbA1c in Children & Young People as means of diagnosing Diabetes.

Any CYP with newly diagnosed diabetes and delayed referral from primary to secondary care is considered an avoidable clinical incident.

In this circumstance, as the clinically responsible secondary care team, we would request that the incident is investigated and the action plan from the root cause analysis is communicated to the responsible consultant. We consider this an important way to enhance feedback and reflective learning.

We are actively involved in formal training to GPs in Diabetes annual conference and are happy to be contacted for advice.