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REFERRAL GUIDELINES: DIABETES

Essential Referral Content

Demographic

- Date of birth
- Contact details (including mobile phone)
- Referring GP details
- Interpreter requirements
- Medicare number

Clinical

- Reason for referral
- Duration of symptoms
- Relevant pathology (especially HbA1c) & imaging reports
- Past medical history
- Current medications

The Alfred Diabetes Referral Form is available to print and fax to the Outpatient Department on 9076 6938

Exclusion Criteria

The following conditions are not routinely seen at The Alfred Diabetes Clinic:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age are not seen at The Alfred
- Patients with impaired glucose tolerance only, those with diabetes well controlled on diet alone, or Type 2 with good control and without complications are not seen at the Alfred Diabetes clinic. Patients requiring diabetes education or dietitian assessment can be seen in the Caulfield Community Health Service Type 2 Diabetes clinic.
- Referrals for dietary and exercise advice, or blood pressure and lipid assessment alone are not accepted.
- Referrals where the primary problem requiring attention is not directly related to the diabetes and should be directed to another speciality service.

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Endocrine Registrar on call on 9076 2000.

The Alfred gratefully acknowledges the assistance of the Canterbury and District Health Board in New Zealand in developing these guidelines.
They are intended as a guide only and have been developed in conjunction with the Heads of Unit of The Alfred.

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REFERRAL PRIORITY: DIABETES

The clinical information provided in your referral will determine the referral priority. The referral priority (urgent or routine) will affect the timeframe in which the patient is offered an appointment.

IMMEDIATE **Direct to the Emergency & Trauma Centre**	URGENT **Appointment timeframe within 30 days**	ROUTINE **Appointment timeframe greater than 30 days depending on clinical need**
Serious metabolic derangement or diabetes complication that is left untreated would lead to need for hospitalisation, or which requires immediate hospitalisation. Examples: • Newly diagnosed Type 1 with or without urinary ketones present • Decompensated Type 1 or Type 2 diabetes with strongly positive urinary ketones present, dehydration or vomiting • Acutely decompensated Type 1 • Foot ulcer with infection	Metabolic deterioration or complication that can be expected to deteriorate rapidly if not attended to. Examples: • Acutely decompensated Type 2 diabetes without clear need for hospitalisation • Newly diagnosed Type 2 diabetes with blood glucose levels consistently >15mmol/l • Acute foot ulceration without active infection Diabetes symptoms or complications severely impairing daily functioning or likely to rapidly lead to irreversible deterioration in health. Examples: • Marked or symptomatic hyperglycaemia not responding to current therapy (ie BGL consistently >15mmol/l) • Recurrent severe hypoglycaemia • Painful neuropathy • Nephropathy with deteriorating renal function • Poorly controlled hypertension • Deteriorating vision • Preconception planning	At higher risk of diabetes complications or suffering from a relatively stable chronic complication. Examples: • Type 1 or Type 2 diabetes with sub-optimal diabetes control (HbA1c>7.0%) • Diabetic nephropathy or microalbuminuria • Peripheral neuropathy or peripheral vascular disease • Dyslipidaemia • Well-controlled Type 1 diabetes (IDDM) known to be without current complications
Phone the Endocrine Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre. • Consider urgent referral to The Alfred Emergency & Trauma Centre if suspicion of incipient DKA • Hospital admission required	Urgent cases must be discussed with the Endocrine Registrar on call to obtain appropriate prioritisation and a referral letter faxed to 9076 6938.	Routine referrals fax to 9076 6938 Consider periodic specialist review

Referral Guideline Contents

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NEWLY DIAGNOSED TYPE 1 DIABETES

Evaluation	Management	Referral Guidelines
The important information is the hydration status and presence or absence of ketones.	• If ketones are present, the clinical status of the patient determines urgency • Same day arrangements for assessment and care by medical staff of Department of Endocrinology and Diabetes or The Alfred Emergency & Trauma Centre with immediate liaison with diabetes educator will be arranged by the medical team	Suspicion of incipient diabetic ketoacidosis requires urgent transfer to The Alfred Emergency & Trauma Centre (eg nausea, vomiting, and dehydration). Refer IMMEDIATELY (phone registrar or speak to consultant) *or* Refer promptly depending on clinical status for endocrinologist review.

NEWLY DIAGNOSED TYPE 2 DIABETES

Evaluation	Management	Referral Guidelines
With blood glucose levels above 15 mmol/l, ketonuria should be checked for and if present manage on the assumption that the patient may be insulin-dependent. • HbA1c • U&Es, Creatinine • Liver function tests • Lipids • Urine Albumin: Creatinine Ratio	RACGP guidelines for diabetes management in general practice	Refer if requires endocrinologist review; if requiring diabetes education or dietitian assessment alone, refer to Caulfield Community Health Service Type 2 Diabetes clinic.

RECURRENT SEVERE HYPOGLYCAEMIA

Evaluation	Management	Referral Guidelines
• What insulin regimen is being used? • HbA1c • U&Es, Creatinine • Liver function tests • Thyroid function tests • Morning cortisol level • Urine Albumin: Creatinine Ratio • Advise patient to bring blood glucose monitoring record to appointment	RACGP guidelines for diabetes management in general practice	All patients will benefit from a detailed review involving a diabetes physician, a dietician and a diabetes educator.

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POORLY CONTROLLED TYPE 1 DIABETES

Evaluation	Management	Referral Guidelines
• What is the insulin regimen? • HbA1c • U&Es, Creatinine • Liver function tests • Thyroid function tests • Urine Albumin: Creatinine Ratio • Advise patient to bring blood glucose monitoring record to appointment • Record of eye reviews		All patients will benefit from detailed review by the diabetes multi-disciplinary team and should be referred for physician review.

POORLY CONTROLLED TYPE 2 DIABETES

Evaluation	Management	Referral Guidelines
• Current medications • HbA1c • U&Es, Creatinine • Liver function tests • Lipids • Urine Albumin: Creatinine Ratio • Cardiovascular risk assessment	In addition to glycaemic management: • Treat intercurrent illness • Manage concomitant cardiovascular risk factors RACGP Diabetes management in general practice	All patients will benefit from detailed review by the diabetes multi-disciplinary team and should be referred for physician review.

TYPE 1 OR TYPE 2 PATIENTS WITH MICROALBUMINURIA OR PROTEINURIA

Evaluation	Management	Referral Guidelines
• Blood pressure, presence of microvascular or macro vascular complications • Urine Albumin: Creatinine Ratio and confirmatory 24 hour protein, albumin and creatinine clearance • HbA1c • Urine microscopy for cells and casts to help exclude other forms of glomerular disease • U&Es, Creatinine • Advise patient to bring blood glucose monitoring record to appointment • Record of eye reviews • Blood pressure record	• Treat hypertension aggressively and consider use of ACE inhibitors or A2RB in those who are normotensive • Optimise diabetes control • Treat other vascular risk factors	• These patients should be referred for Diabetes Clinic for specialist diabetes care. If the creatinine level is ≥ 200 micromol/L refer to Renal clinic as well.

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FOOT ULCERATION

Evaluation	Management	Referral Guidelines
• Is the ulcer neuropathic or vascular (or both) in origin? • Is there active infection? • Is there invasive infection with spreading cellulitis? • Is there bony infection? (X-ray and if required bone scan). The Alfred Radiology request form If suspected, send to The Alfred Emergency & Trauma Centre and phone Endocrinology registrar on 9076 2000. • Consider wound swab for culture.	• Podiatry treatment to debride and to remove callosities • Antibiotics if infection • Stop weight bearing • Orthotic device • Revascularisation for peripheral vascular disease	• Patients with invasive infection should be admitted to hospital IMMEDIATELY. • If patient is systemically unwell, is febrile or has cellulitis, treat as very urgent - send IMMEDIATELY to The Alfred Emergency & Trauma Centre and phone Endocrinology registrar. • Patients with infected ulcers should be started on appropriate antibiotics after swabbing and be assessed urgently by Podiatry and Diabetes Physician. • Patients with simple neuropathic ulcers should be referred to the Diabetes Clinic . • Patients with peripheral vascular disease as cause for ulceration should be referred to the Vascular Surgery Clinic for prompt review, as well as the Diabetes Clinic.

YOUNG ADULTS DIABETES SERVICES (YADS)

Evaluation	Management	Referral Guidelines
		The Young Adults Diabetes Service is a multidisciplinary clinic which provides ongoing care for patients with type 1& 2 diabetes, and transitioning from paediatric services to adult care. Refer to The Alfred Diabetes service and patients will be allocated to YADS if appropriate.