GP REFERRAL PATHWAY FOR CHILDREN AND YOUNG PEOPLE WITH SUSPECTED NEW ONSET DIABETES MELLITUS

(NEL, NORTH EAST LONDON CYP NETWORK for diabetes, endorsed 2024-04-26)

Infant, child or young person without known diabetes mellitus presents with:

- polyuria OR / AND — **TOILET**
- polydipsia OR / AND — **THIRSTY**
- excessive tiredness OR / AND — **TIRED**
- unexplained weight loss — **THINNER**

OR / AND any of the following:

- nausea and vomiting
- abdominal pain
- tachypnoea
- dehydration
- reduced consciousness
- frequent infections (UTIs/fungal infections)
- incidental hyperglycaemia
- incidental glucosuria
- any other reason for concern regarding diabetes

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Test random point of care blood glucose test immediately OR Glucose in urine dipstick (suboptimal)
Assess weight and vital signs (heart rate, respiratory rate, blood pressure)

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Blood glucose > 7.8 mmol/l (or at least ++ glucosuria)

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Incidental finding of **HbA1c ≥ 48 mmol/mol**

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Immediate referral to Paediatric A&E of a hospital with a multidisciplinary Paediatric Diabetes service (including weekends/bank holidays)

Assume type 1 diabetes

Consider the possibility of type 2 diabetes in children and young people with suspected diabetes who:

- have a strong family history of type 2 diabetes
- are obese
- are from a Black or Asian family background
- show evidence of insulin resistance (i.e. acanthosis nigricans)

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Well child
- Alert
- Normal observations
- No signs of dehydration/tachypnoea

- **Refer to the on call paediatric team via switchboard on the same day**

Signs of DKA (unwell child)
- Tachypnoea
- low GCS
- signs of dehydration
- vomiting

- **Arrange immediate transfer to the hospital by ambulance**
- **Inform the on call paediatric team via switchboard**

Royal London Hospital, Newham Hospital, Whipps Cross Hospital,
North Middlesex Hospital, Queen's Hospital, King George Hospital, Romford
Homerton Hospital does not provide Paediatric Diabetes, and Royal London Hospital accepts these patients
Based on NICE NG18 2015, update 2023
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