

Referral and Management Guidelines August 2019

Diagnosis	Evaluation	Management	Referral
<p>Newly Diagnosed Type 1DM</p>	<p>Suspect if random Blood Glucose (BG) is > 11.1 mmol/L and any 1 of the following are present:</p> <ul style="list-style-type: none"> • ketonuria or ketonemia • dehydration with tachypnoea suggesting acidosis e.g. Kussmaul breathing. • > 5% unintentional weight loss over < 4 weeks. • family or individual history of other autoimmune diseases <p>Assess:</p> <ul style="list-style-type: none"> • vital signs i.e., pulse, temperature, BP (lying and standing prn), resp. rate • hydration status <ul style="list-style-type: none"> • mental status • blood glucose level • ketonuria or ketonemia • weight (document this). 	<p>Refer to specialist care</p>	<p>Arrange urgent assessment in the Emergency Dept.:</p> <ul style="list-style-type: none"> • Rapid or laboured (Kussmaul) breathing • Vomiting • Dehydration • Ketones - large result on urine testing or > 1.5 mmol/L on finger prick blood testing (is DKA until proven otherwise) <p>Seek Urgent Advice</p> <p>If hyperglycaemia without ketonuria or blood ketones < 1.5 mmol.</p> <p>Public</p> <p>Barwon Health</p> <ul style="list-style-type: none"> • Monday to Friday, 8.00 am to 5.00 pm – phone the Barwon Health switchboard (03) 4215-0000 and page the endocrinology registrar on 962 or 472 • After hours – phone the Barwon Health switchboard (03) 4215-0000 and ask for the on-call endocrinology registrar or consultant <p>Private Endocrinologist (all hours)</p> <ul style="list-style-type: none"> ● Barwon Health <p>The on-call Endocrinologist at Barwon Health is available to accept referrals for private patients both during working hours or after hours</p>

			<p>Phone the Barwon Health switchboard (03) 4215-0000 and page the on-call endocrinologist</p> <ul style="list-style-type: none"> ● Endocrinology @ University Hospital, Geelong Phone A/Prof Mark Kotowicz, Dr. Myra Yeo, Dr Samantha Worboys, Dr Jaideep Kulkarni or Dr Richard Arnott (03) 4215-1142 <p>Located at Bellarine Street, Geelong.</p> <ul style="list-style-type: none"> ● Geelong Endocrinology and Diabetes on-call mobile service Phone 0439-684-636. <p>Located at 248 Malop Street, Geelong</p> <ul style="list-style-type: none"> ● Barwon Endocrinology Dr. Adam Roberts Phone: (03) 5221-7883 <p>Non urgent</p> <ul style="list-style-type: none"> • For non-urgent advice regarding patient management or suitability for referral to the Diabetes Referral Centre phone the on-call endocrinology registrar via the Geelong Hospital switchboard (03) 4215-0000 • For all enquiries about patient triage or diabetes outpatients services, phone the GP hotline (03) 4215-1398
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Hypoglycaemia In Diabetes	<ul style="list-style-type: none"> • In the person with diabetes, hypoglycaemia is defined as blood glucose < 4mmol/L. <p>Some hypoglycaemia is inevitable as a consequence of attempting to normalise blood glucose in patients with diabetes.</p>	<ul style="list-style-type: none"> • Consider treatable causes • Review the dose that precipitated the hypoglycaemia <p>In general, do not withhold or reduce insulin.</p> <p>unless hypoglycaemia is recurrent</p> <ul style="list-style-type: none"> • Consider re-education and referral to a diabetes educator 	<p>Referral options –public and private, as for newly diagnosed T1DM</p> <p>Urgent endocrinologist assessment</p> <ul style="list-style-type: none"> • Recurrent severe hypoglycaemia (defined as requiring assistance from another party for management), or hypoglycaemia associated with loss of consciousness <p>Endocrinologist assessment</p> <ul style="list-style-type: none"> • recurrent hypoglycaemia • hypoglycaemic unawareness

	<ul style="list-style-type: none"> •Hypoglycaemia in patients with type 1 diabetes is a significant cause of morbidity, and is potentially serious especially if nocturnal and asymptomatic, or during driving. •In Type 2 diabetes it is a significant cause of falls and fractures, particularly in the elderly. <p>Ask about symptoms of hypoglycaemia, frequency, severity, and awareness of hypoglycaemic episodes.</p> <ul style="list-style-type: none"> •Consider causes •Consider whether the patient has hypoglycaemic unawareness 	<ul style="list-style-type: none"> •Consider driving implications. <p>VicRoads - Diabetes</p>	<ul style="list-style-type: none"> •fitness to drive assessment is required
Diagnosis	Evaluation	Management	Referral
Suboptimal Control T1 DM	<ul style="list-style-type: none"> •Current Insulin regimen •HbA1c, U& E, LFT, TFT, Urine Alb:Creat ratio •Advise person to bring meter/record diary to specialist r/v 	<p>Refer for specialist care</p> <p>Treat inter-current illness</p>	<p>Referral options –public and private, as for newly diagnosed T1DM</p>
Diagnosis	Evaluation	Management	Referral
Suboptimal Control T2 DM	<ul style="list-style-type: none"> •Current medication regimen •Consider commencing insulin or changing regimen •HbA1c, U& E, LFT, TFT, Urine Alb Creat ratio 		<p>Referral options –public and private, as for newly diagnosed T1DM</p> <p>Urgent Diabetes Assessment</p> <ul style="list-style-type: none"> •metabolic derangement or acute intercurrent illness e.g., pneumonia •acute complications e.g., renal failure, angina, claudication •suspected diabetes type 1 or MODY •diabetes in pregnancy

			<p>Non-urgent Diabetes Assessment suboptimal control:</p> <ul style="list-style-type: none"> • complications present, or likely to occur, necessitating future shared care • female patient is planning pregnancy • suspected genetic forms of diabetes (non-severe illness) • Refer as indicated to: dietitian, podiatrist, diabetes educator, diabetes community nurse, exercise physiologist, or psychologist.
Diagnosis	Evaluation	Management	Referral
Acute Diabetes Foot issue	<p>Make assessment of whether the foot is high risk, intermediate risk or low risk:</p> <p>High risk foot People with two or more risk factors and/or previous history of foot ulcer or amputation:</p> <ul style="list-style-type: none"> • neuropathy • peripheral arterial disease • foot deformity <p>Intermediate risk foot People with one risk factor and no previous history of foot ulcer or amputation:</p> <ul style="list-style-type: none"> • neuropathy • peripheral arterial disease, or • foot deformity <p>Low risk foot features</p> <ul style="list-style-type: none"> • No past ulcers 	Refer for specialist care	<p>Diabetic Foot Unit (DFU) For management of acute foot disease Referrals are accepted from:</p> <ul style="list-style-type: none"> • Emergency department • Local Doctors • Inpatient hospital units • Podiatrists – community health centres and private practitioners • Specialists <p>Criteria: Diabetes-related foot problems with an acute lesion e.g.:</p> <ul style="list-style-type: none"> • Foot ulceration • Doctor or podiatrist concern • No improvement in ulcer after 2 weeks of general practitioner management • Poor glycaemic control • Charcot foot • Cellulitis • Osteomyelitis

	<ul style="list-style-type: none">•No peripheral neuropathy•No amputations•No foot deformity		<p>For urgent advice or an urgent appointment:</p> <ul style="list-style-type: none">•Telephone the hospital switchboard (03) 4215-0000:<ul style="list-style-type: none">- Monday to Friday, 8.00 am to 5.00 pm – page the endocrinology registrar on 962 or 472.- After hours – ask for the on-call endocrinology registrar/fellow or endocrinologist. <p>Non urgent referrals</p> <ul style="list-style-type: none">•complete the Diabetes Referral Centre template in your software and send via:<ul style="list-style-type: none">- ReferralNet, or- Fax to DFU (Acute Foot Lesion Clinic) (03) 4215-1383. <p>Advise the patient efforts will be made to see them < 1 week.</p>
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