

PATHWAY FOR GPs - CHILD WITH ? NEW ONSET DIABETES MELLITUS

(NEL, NORTH EAST LONDON CYP NETWORK * for diabetes, endorsed 2020-02-27)



Infant, child or young person without known diabetes mellitus presents with (NICE 2015)

1. increased thirst OR
2. polyuria OR
3. recent unexplained weight loss OR
4. excessive tiredness and any of the following:
 - nausea and vomiting
 - abdominal pain
 - hyperventilation
 - dehydration
 - reduced consciousness

Type 2 diabetes can present with a longer history in a child with obesity and acanthosis nigricans.

Rare forms of diabetes can present with a longer history.

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

1. polyuria
2. polydipsia
3. unexplained weight loss
4. unexplained abdominal pain
5. unexplained tachypnoea
6. excessive tiredness
7. frequent infections (UTIs/fungal infection)
8. high blood glucose on someone else's blood glucose meter
9. glucosuria as incidental finding
10. reduced GCS
11. any other reason for concern regarding diabetes



- GP performs point of care blood glucose test **with glucometer during the same consultation (NICE 2015) independent of when the last meal has been eaten.**

- If no blood glucose point of care machine available, perform urine glucose with dipstick **during the same consultation (suboptimal).**

- **Assessment of weight, heart rate, resp. rate, blood pressure**



Blood glucose > 7.8 (or at least ++ glucosuria)



- Immediate referral to Paediatric A and E of a hospital with a multidisciplinary Paediatric Diabetes service (NICE 2015) *

- GP informs on call Paediatric Team.

- Transfer by ambulance if signs of DKA (reduced CGS, tachypnoea)

*Royal London Hospital, Newham Hospital, Whipp's Cross Hospital, North Middlesex Hospital, Queens Hospital and King George Hospital, Romford

(Homerton Hospital does not provide Paediatric Diabetes, and Royal London Hospital accepts these patients)

Based on NICE NG18 2015

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