PATHWAY FOR CHILD WITH NEW ONSET DIABETES IN RLH
(Endorsed by NEL network, 27 Feb 2020)

North East London CYP Diabetes Network

Child presents with polyuria and polydipsia or GP identifies child as having likely DM otherwise → GP performs Blood glucose with glucometer or urine glucose with dipstick during consultation → GP refers to A and E and calls on call Paeds Team if BG > 7.8 or urine glucose positive (++)

Child presents at A and E with likely DM, either referred from GP or not.

SHO/SpR in A and E:

- assesses child and performs blood gas and blood ketones
- sends blood glucose, U and E, insulin, C peptide as a minimum and if possible remainder of bloods for new diabetes to lab(at least HbA1c, TFT, celiac screen, lipids, LFT, pancreas antibodies)
- takes history and examination and documents
- is responsible for treatment in A and E with input from consultant Paediatrician. *
- informs SpR/SHO Paed Endocrinology (bleep 1102/0047) about new diagnosis, who informs consultant
- if SHO/SpR Endo not available, informs consultant on call for Paed Endo and Diabetes (at an appropriate time, through switchboard) who gives supports and sees patient at the latest the next working day

→ SpR/SHO (Endo)/consultant Paed Diabetes and Endo informs PDNS/dietitian/ psychologist of DM team

→ SHO/SpR (Endo)/Consultant informs Database Manager who enters patient details on Twinkle *

→ Consultant completes Twinkle entry for 'new referral' including A and E entry and ketones at admission *

Patient in DKA
(glucose > 11, pH < 7.3, bicarb <18, ketones > 3)

→ Follow DKA guideline and admit
(see guideline for who needs PICU)

Patient not in DKA

→ Discuss insulin regimen with Medical Paed Diabetes team:

- 0.7-1.0 U/kg/day insulin SC
- 40-50% as longacting insulin
- 50-60% % as short acting insulin with meals)
- or IV insulin (variable insulin rate)

Patients from Homerton Hospital are transferred To RLH as soon as possible after diagnosis, and if possible before referral to Homerton Hospital.

* dependent on local situation

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