

## Planned Care Services

### DIABETES REFERRAL GUIDELINES

**Diabetes referrals are prioritised by senior medical officers based on the information contained within. Additional information such as lab results should be attached where available.**

Referrals are prioritised in order of those who need our help the most. All accepted referrals are expected to be seen within a maximum waiting time of four months, however at times we may have a large number of patients waiting for assessment, therefore waiting times for some patients may be extended. **Acute cases should be discussed with a Te Whatu Ora, Taranaki Specialist or on call registrar**

Referral acceptance is as follows:

First Specialist Assessments:	Wait Times:
Waiting priority 1	Accepted
Waiting priority 2	Accepted
Waiting priority 3	Accepted
Waiting priority 4	Accepted

Referral Guidelines: Diabetes	
Category	Examples (not an exhaustive list)
1- Immediate (Within 14 days)	Uncontrolled or poorly controlled HbA1c Diabetes in Pregnancy
2- Urgent (Within 4 weeks)	Newly diagnosed Type 1 Diabetes, or LADA Complicated Type 2 DM - associated with significant hyperglycaemia (HbA1c >80mmol/mol), ketonuria, significant complications at the time of diagnosis. Hypoglycaemic unawareness in Type 1 DM / significant unexplained hypoglycaemia

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	<p>Patient is very lean or has experienced rapid weight loss</p> <p>Women with type 1 or type 2 diabetes who are planning pregnancy</p>
<b>3- Semi Urgent (Within 4-8 weeks)</b>	<ul style="list-style-type: none"> <li>· Diagnosis is not clear: e.g. MODY, LADA</li> <li>· Diabetes associated with cystic fibrosis, transplant diabetes or pancreatic disease associated diabetes</li> <li>· Poor glycaemic control after optimising medical, nutritional and lifestyle therapy and HbA1C &gt; 80 mmol/mol</li> <li>· Vocational driver</li> <li>· Poorly controlled diabetes plus symptomatic peripheral neuropathy</li> </ul>
<b>4- Routine (Within 4 months)</b>	<ul style="list-style-type: none"> <li>· Routine review of patients with Type 1, MODY, LADA diabetes</li> <li>· Transfer from paediatric diabetes service (stable control with recent paediatric diabetes MDT input)</li> </ul>

<b>The following criteria referred directly to appropriate services:</b>	
<p>Serum creatinine <math>\geq</math> 200 <math>\mu</math>mol/L and Diabetic nephropathy or Proteinuria <math>\geq</math> 1g/24 hrs. Rapid decline in serum creatinine, presence of casts/ red cells in urine.</p> <p>Mild to moderate micro albuminuria not improving with appropriate therapy; Eg BP control, ACE/ARB therapy</p>	Renal Services
Acute visual loss / visual issues (high risk diabetic retinopathy)	Ophthalmology Services
Diabetic foot ulceration. Associated Cellulitis, systemic infections, infections not responding to oral antibiotics, radiological evidence or bone involvement, gangrene.	Vascular Surgery /Podiatry
Symptomatic peripheral vascular disease and associated complications.	Vascular Surgery/Podiatry

**Notes:** Patients can also be referred to Diabetes Integrated Team (DIT). Please refer to DIT referral criteria.

**Tests required:**

Blood tests HbA1c.

Renal function

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