Diagnosis confirmed – please refer to ‘Diagnosis of Diabetes’ document

NO

YES

Patient with suspected diabetes seen by GP

Is the patient symptomatic? e.g. thirst, polyuria, blurred vision, tiredness, weight loss, abdominal pain.

Is the patient <30 years and/or ketonuria present?

Does the patient have vomiting, reduced conscious level, increase in heart rate, abnormal breathing OR is it out-of-hours?

Annual review in primary care with ongoing support from specialist service

Signpost to: Diabetes UK, stop-smoking services, local support groups

SPECIALIST INTEGRATED DIABETES SERVICE

Refer: DESMOND, retinal screening, dietician

Signpost to: Diabetes UK, weight management programmes, exercise schemes, stop-smoking services, local support groups

NO

REFER BACK TO GP

YES

YES

Is patient <30yrs, BMI <27kg/m2 first degree relative diagnosed with Type 2 DM <30yrs. No features of insulin resistance e.g. high blood pressure, dyslipidaemia or acanthosis nigricans

RBS >11.1mmol/L, FPG >7mmol/L HbA1c > 48 mmol/mol. SMBG and check urine for ketones 3-4 x daily. Start Rx - suggest SU and Metformin for rapid response. Frequent review.
Refer urgently for insulin initiation or initiate insulin if symptomatic or persistent/progressive ketonuria\*

Refer to: retinal screening, offer DAFNE if appropriate after 6-12 months

RBS >11.1mmol/L or FPG >7mmol/L. Consider TYPE 1 DIABETES and need for insulin

\*some practices may be able to initiate these treatments in primary care.

Annual review -> complete 9 core processes.
- 3-6 monthly HbA1c
- SMBG if unwell, unstable or at risk of hypoglycaemia NB. If driving.
- Increase medication to achieve HbA1c, BP and cholesterol targets according to NICE guidelines - refer to ‘Oral treatment of Type 2 diabetes’ document

Failure to achieve HbA1c targets on max. doses of 2-3 OHAS and considering insulin and/or GLP -1analogue\*
Failure to achieve BP or cholesterol targets, any other issue requiring specialist management. (see referral criteria)

Probable TYPE 2 DIABETES
-Lifestyle modification for 3-6 months
-Consider metformin if very high glucose and/or HbA1c particularly if obese

NO

Could the patient have MODY? Discuss with Specialist team - Refer for assessment genetic testing

Discuss with admissions urgently.