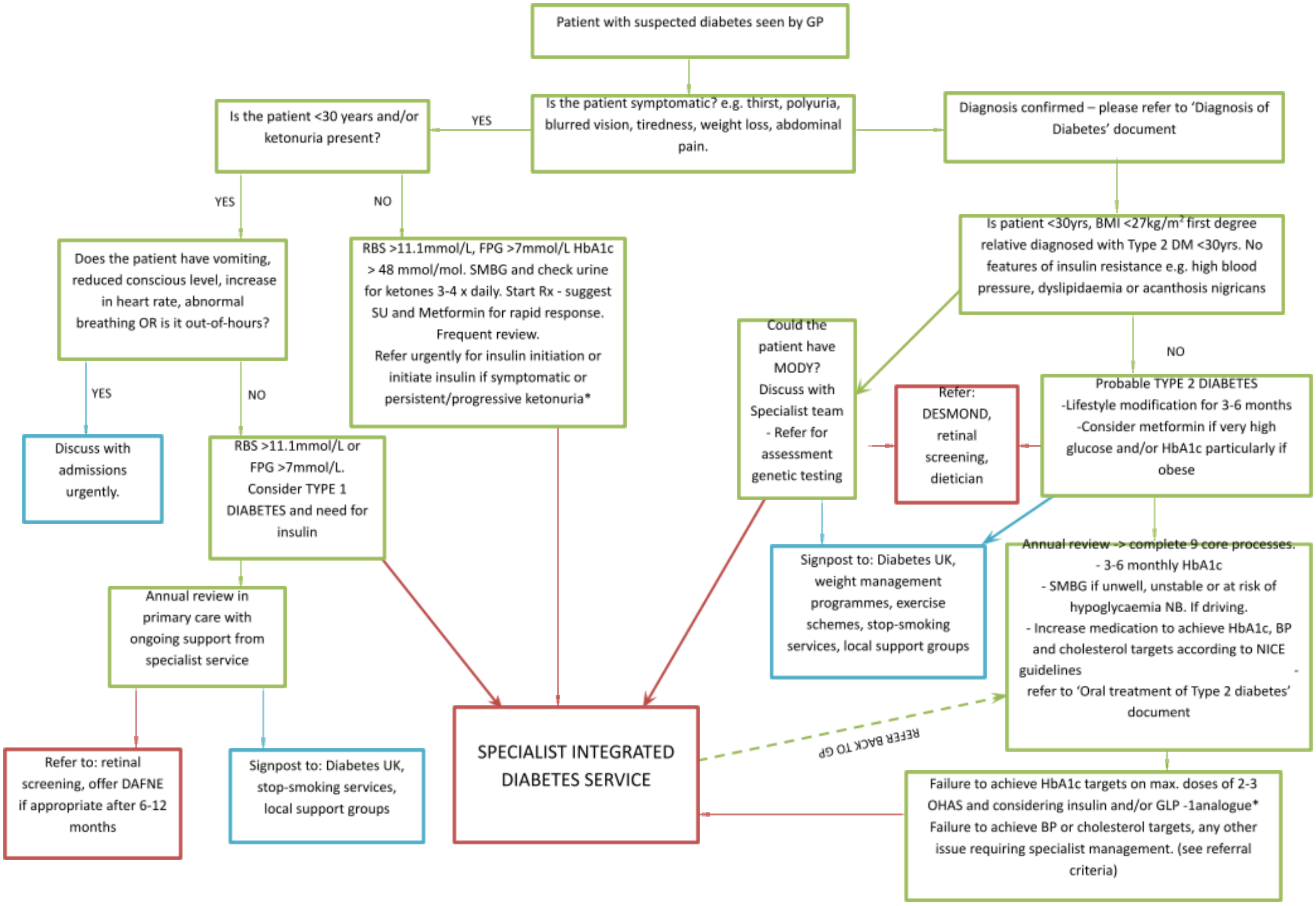
Patient with suspected diabetes seen by GP
Is the patient symptomatic? e.g. thirst, polyuria, blurred vision, tiredness, weight loss, abdominal pain.
YES
Is the patient <30 years and/or ketonuria present?
Diagnosis confirmed – please refer to 'Diagnosis of Diabetes' document
YES
NO
Does the patient have vomiting, reduced conscious level, increase in heart rate, abnormal breathing OR is it out-of-hours?
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*
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
Could the patient have MODY? Discuss with Specialist team - Refer for assessment genetic testing
NO
Refer: DESMOND, retinal screening, dietician
Probable TYPE 2 DIABETES
-Lifestyle modification for 3-6 months
-Consider metformin if very high glucose and/or HbA1c particularly if obese
YES
NO
Discuss with admissions urgently.
RBS >11.1mmol/L or FPG >7mmol/L. Consider TYPE 1 DIABETES and need for insulin
Signpost to: Diabetes UK, weight management programmes, exercise schemes, stop-smoking services, local support groups
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
Annual review in primary care with ongoing support from specialist service
REFER BACK TO GP
Refer to: retinal screening, offer DAFNE if appropriate after 6-12 months
Signpost to: Diabetes UK, stop-smoking services, local support groups
SPECIALIST INTEGRATED DIABETES SERVICE
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)
*some practices may be able to initiate these treatments in primary care.