

REFERRAL PATHWAY FOR SUSPECTED TYPE 1 DIABETES IN CHILDREN AND YOUNG PEOPLE

Type 1 diabetes can happen at any age. Delays in diagnosis can result in diabetic ketoacidosis (DKA) a serious condition that can be fatal.

Children and young people with suspected type 1 diabetes should be referred immediately (same-day) to a paediatric diabetes specialist team.

Think type 1 diabetes

One or more symptoms may be present:

Toilet – passing urine more often, new onset bedwetting, heavier wet nappies, nappy rash/thrush

Thirsty – excessive thirst, drinking more than usual

Tired – excessive tiredness, irritable

Thinner – unexplained weight loss.

In children under the age of 2 symptoms may not be so immediately obvious, and the child may seem unwell with other symptoms.

Children who have developed diabetic ketoacidosis (DKA) may also have the following symptoms:

- nausea and/or vomiting
- tired/sleepy confused
- kussmaul breathing - rapid deep breaths
- abdominal pain
- dehydration
- breath that smells fruity (like pear drops or nail polish remover).

Immediately send the child to a hospital with acute paediatric facilities. Consider a 999 ambulance transfer.

Test immediately

If the child/young person has **any** symptoms of diabetes perform a finger prick capillary blood glucose check **immediately** and follow the steps below.

Do not arrange a fasting blood glucose or HbA1c to confirm diagnosis. Delays in referral can lead to DKA.

Random capillary blood glucose above 11mmol/L.

Random capillary blood glucose 7–11mmol/L.

If the capillary blood glucose is below 7mmol/L but the child/young person has any type 1 diabetes symptoms, and your clinical suspicion is high.

Act promptly

If you don't have a blood glucose meter but the child/young person has any type 1 diabetes symptoms.

Refer **immediately** to the paediatric diabetes team or on-call paediatric team in line with local referral protocols. The child or young person must be assessed in hospital on **the same day**.

Discuss on **the same day** with the paediatric diabetes team or on-call paediatric team, in line with local referral protocols.

Symptoms of type 1 diabetes – think 4Ts – one or more may be present:

Toilet – passing urine frequently, needing to wee in the night, bedwetting in a previously ‘dry’ child, more wet nappies than usual, heavy nappies.

Thirsty – excessive thirst, drinking more than usual, needing to drink in the night, helping themselves from the tap, babies wanting to feed more often from the breast, bottle or cup, showing feeding cues more often.

Tired – excessive tiredness, changes in behaviour such as irritability or reduced concentration, reduced energy affecting school or sport, babies and toddlers might take more frequent naps or longer naps.

Thinner – unexplained weight loss, not gaining weight as expected, moving down centiles on growth/weight charts, may report constant hunger, parent/carer may report child seems taller, clothes are looser, nappies are loose.

Other symptoms can include

Blurry vision, cuts and wounds taking longer to heal, nappy rash, oral/genital thrush. Children and young people may present with nonspecific signs such as constipation and abdominal distension.

Key clinical messages:

If type 1 diabetes is suspected, do not delay referral. DKA can develop rapidly in children.

Refer the child or young person **immediately (same day)** to a paediatric diabetes specialist team with the competencies needed to confirm diagnosis and provide immediate care (Diabetes (type 1 and type 2) in children and young people: diagnosis and management. NICE guideline NG18. Published 01 August 2015. Updated 11 May 2023).

All GP practices should ensure they have a blood glucose meter available.

If you don't have access to a finger prick blood glucose meter, but the child has any type 1 diabetes symptoms, refer **immediately** to the paediatric diabetes team or the on-call paediatric team in line with your local referral protocol. The child should be seen and assessed in hospital on the **same day**. A urinary dipstick is not sufficiently sensitive to rule out type 1 diabetes, meaning type 1 diabetes could be missed.

Do not arrange a fasting blood glucose or HbA1c to confirm diagnosis as this delays referral and allows time for DKA to develop. DKA is a life-threatening medical emergency.

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Your responsibility: This pathway is intended to support healthcare professionals in their clinical practice, it is not intended to replace clinical judgement and should be used alongside individual patient assessment and relevant local and national guidance.

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