



SOUTHAMPTON AND SOUTHWEST HAMPSHIRE

Specialist diabetes support **Referral pathway for Suspected New cases of Type 1 Diabetes*** presenting to Primary Care aged 18 and over. [All patients with Suspected Type1 Diabetes must be referred for specialist review]

PATIENT IS WELL

- **In working hours, please seek advice from local Community Diabetes Services first:**
 - Southwest Hampshire Community Diabetes Service: 0300 003 0120
 - Southampton Community Diabetes Service: 0300 123 3397
- **If Community Diabetes Service is not able to support, GP contacts UHS and request Bleep 1199 for Diabetes team to advise (M-F, 9-4), as UHS attendance may not be necessary**
- If hospital-based assessment is advised by the UHS Diabetes team, GP to inform patient of the URGENT need to attend the 'Same Day Emergency Care' area of the Acute Medical Unit (AMU) in working hours & the Diabetes team will inform the AMU team of patient attendance

PATIENT IS UNWELL

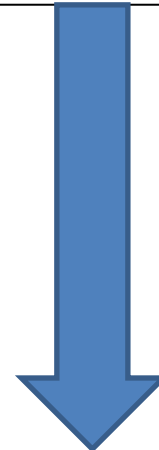
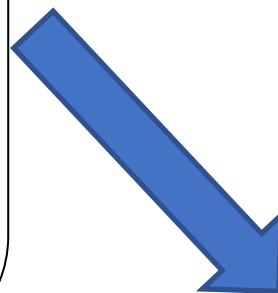
- **In working hours, GP to refer patient directly to AMU team via usual Emergency Admissions pathway. AMU team will make onward referral to UHS Diabetes team for in hospital review in working hours (M-F, 9-4)**

OUT OF HOURS – WELL OR UNWELL PATIENTS
(after 4pm weekdays, weekends and Bank Holidays)

- Refer patient to Acute Medicine team via usual Emergency Admissions pathway if GP has concerns about delay to specialist Diabetes team review/advice
- Once referral accepted, patient will be advised to attend the 'Same Day Emergency Care' area of the Acute Medical Unit (AMU)
- AMU team will follow the UHS 'Out of Hours: Newly suspected type 1 diabetes' protocol until the UHS Diabetes team are available to provide in hospital patient review in working hours

Community follow-up post discharge

- UHS Diabetes team will confirm follow up plans with patient and inform GP
- UHS Diabetes team will make onward patient referral to the relevant Community Diabetes service for post discharge management



***Guidance notes for Primary Care:****A new diagnosis of Type 1 Diabetes is strongly suggested by these features:**

- Short history of onset of osmotic symptoms (polyuria, polydipsia, nocturia - *usually for less than 12 weeks*) and fatigue
- Unplanned rapid weight loss and blurred vision could also be additional suggestive symptoms, as well as personal/family history of autoimmune disease
- **Do not use age or BMI alone to exclude or diagnose type 1 diabetes in adults**
- **Random blood glucose > 11.1 mmol/l (HbA1c can be normal)**
- **Blood ketones \geq 1.5 mmol/L and/or Urine Ketones \geq +2**