

This guideline is designed for ambulatory patients. In inpatients please refer to hospital protocols on intranet. If patients present within normal working hours the case should be discussed with the diabetes registrar (bleep 641) or diabetes specialist nurse on call (via switchboard).

### Step 1: Diagnosis

Diabetes can be diagnosed in a symptomatic patient (thirst, polyuria) if a random blood glucose is  $>11.1$  or if a fasting glucose level is  $>7$ .

In asymptomatic patients or those with intercurrent illness another confirmatory blood test should be obtained the following day before diabetes is diagnosed.

### Step 2: Type 1 or 2?

Determine whether your patient has Type 1 or Type 2 diabetes mellitus.

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| <p><b>Type 1 diabetes mellitus:</b> There is lack of insulin due to disease (usually autoimmune) affecting the pancreas. Due to the lack of insulin patients usually present with osmotic symptoms (polyuria, polydipsia) and weight loss. Patients may be young, although disease can present at any age.</p> | <p><b>Type 2 diabetes mellitus:</b> There is relative insulin deficiency due to (most commonly) insulin resistance. Patients are usually obese and may present with diabetes as an incidental finding.</p> |
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### Step 3: Assessment

- Fundoscopy, Assessment for peripheral neuropathy
- Urine dipstick
- Capillary blood glucose,
- Serum glucose, UEs, eGFR, Hba1c
- ECG in all Type 2 diabetics
- Arterial blood gas: If urine dip +ve for ketones and signs of Type 1 diabetes (can use blood ketone sticks if available)

If ketones +ve, acidotic ( $\text{pH} < 7.2$ ) and hyperglycaemic treat as for Diabetic Ketoacidosis (see trust protocol on intranet). If significantly dehydrated and hyperglycaemic, admit patient and treat as for hyperosmolar, non-ketotic hyperglycaemia.

### Step 4: Management

#### Patient Education

Explain diagnosis of diabetes and treatment

Explain symptoms of hypoglycaemia and how to treat this

Explain the need for blood glucose monitoring

|  |  |
|--|--|
| <p><b>Type 1 within working hours:</b><br/>refer specialist nurse/ diabetic team to commence insulin</p>   | <p><b>All Type 2 patients (and steroid induced diabetes):</b><br/>Should be advised to maintain healthy diabetic diet (low sugar, low fat), increase exercise levels and maintain healthy weight.<br/>If patient well, not significantly dehydrated and <math>\text{BM} &lt; 20</math> can be discharged and reviewed by GP within 24-28hrs.</p>   |
| <p><b>Type 1 "out of hours":</b><br/>If patient well, not vomiting, able to drink fluids, no significant ketones (less than 2+ urine or 5+ blood) and <math>\text{BM} &lt; 15</math> then patient should have long acting insulin administered (detemir/ lantus 6 units) daily and should reattend AMU ambulatory area the next working day for specialist nurse/ diabetic team review. If patient does not satisfy above criteria then admit for diabetic review.</p> | <p>If oral hypoglycaemics required (already had trial of 3 months diet and exercise or intensive treatment assessed as urgent), commence Metformin 500mg od in obese patients (unless contraindicated eg <math>\text{eGFR} &lt; 60</math> or unstable renal function) OR Gliclazide 40mg od in lean patients. Advise to see GP in next 24-48hrs for further advice and dose titration.</p> |

## Ambulatory Care Protocol: New Diagnosis of Diabetes

| Type 1 diabetes  | Type 2 diabetes  |
|--|--|
| For all patients discharged please detach page 2. Give one copy to patient and send one copy to patient's GP and one copy to: Diabetes Team, c/o Dr Foster's and Dr Zachariah's Secretary, East Surrey Hospital. | For all patients discharged please detach page 2. Give one copy to patient and send one copy to patient's GP to inform him of patient's diagnosis. |

|                |              |
|----------------|--------------|
| Patient's Name | GP           |
| DoB            | GP's Address |
| Address        |              |
|                |              |
| Tel No         |              |

Date: .....

**Dear Doctor,**

**Diagnosis** (*please circle appropriate*)

**The above patient has a diagnosis of new onset Type 1/ Type 2 diabetes mellitus.**

**Assessment**

Fundoscopy:

Assessment for peripheral neuropathy:

Urine dipstick:

Capillary blood glucose: Serum glucose, UEs, eGFR: Arterial blood gas (if appropriate):

**The patient has had their diagnosis explained to them. Further management is detailed below.**

| Type 1 diabetes   | Type 2 diabetes  |
|---|--|
| Long acting insulin once daily has been commenced. Patient will be reviewed on next working day in AMU ambulatory area. Would GP please refer patient to local diabetes clinic. | Patient has been advised of diabetic diet, advised to increase exercise and maintain a healthy weight. Hypoglycaemics commenced .....<br><i>(please complete, state if none)</i><br>Would GP kindly review this patient and refer to local diabetes clinic if necessary. |

**Yours sincerely,**

**Dr .....**

**Grade..... Consultant .....**