

# CONCERNS FOR NEW DIABETES TYPE 1 OR 2

## REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF ENDO & DIABETES) • 887 CONGRESS ST, SUITE 100, PORTLAND, ME • (207) 662-5522

### HIGH RISK

#### SUGGESTED EMERGENT CONSULTATION

##### SYMPTOMS AND LABS

##### CONCERN FOR TYPE 1 DIABETES\*

ANY PATIENT WITH CONCERNS FOR NEW ONSET TYPE 1 DIABETES SHOULD PROMPT **IMMEDIATE** CALL TO PEDIATRIC ENDOCRINOLOGY: (207) 662-5522

Risk for rapidly evolving DKA and cerebral edema is very high

Red Flags: Polyuria, polydipsia, nocturia, polyphagia, weight loss, Kussmaul respirations (an ominous sign)

\*Distinguishing type 1 from type 2 diabetes in pediatrics can be difficult, if A1C is  $\geq 6.5\%$  in a patient with obesity, do not necessarily assume it is type 2. Consider discussion with pediatric endocrinology

##### SUGGESTED PREVISIT WORKUP

Immediate discussion with pediatric endocrinology

Consider finger stick glucose, STAT BMP, VBG, U/A, A1C

If unclear if type 1 or type 2 helpful labs may include insulin, c-peptide and pancreatic autoantibodies

### MODERATE RISK

#### SUGGESTED CONSULTATION OR CO-MANAGEMENT

##### SYMPTOMS AND LABS

##### CONCERN FOR TYPE 2 DIABETES

A1C 6.0-6.4%

OR

Fasting glucose 100-125

OR

Random or OGTT glucose 140-199

AND

Elevated BMI

No polyuria, polydipsia or nocturia

Acanthosis nigricans is common

##### SUGGESTED WORKUP

At risk for diabetes

Consider: Focus on healthy eating and active living

OR

Referral to endocrinology

OR

Referral to Countdown Clinic if family interested in dietician and multidisciplinary support

OR

Referral to other weight management clinic

Educate family on polyuria, polydipsia and nocturia

Check A1c, fasting glucose in 3 months

Metformin can be considered

### LOW RISK

#### SUGGESTED ROUTINE CARE

##### SYMPTOMS AND LABS

##### CONCERN FOR TYPE 2 DIABETES

A1C  $< 6.0\%$

OR

Fasting glucose  $< 100$

OR

Random or OGTT glucose  $< 140$

OR

No Polyuria, polydipsia, nocturia

AND  
Elevated BMI

Low acuity patients have obesity, no recent weight loss and normal or only mild abnormalities in labs as above.

Acanthosis nigricans is common.

##### SUGGESTED MANAGEMENT

May be at risk for future diabetes

Consider focus on healthy eating and active living, see OBESITY guideline

Educate family on polyuria, polydipsia and nocturia

Recheck labs in 3-4 months

Metformin not recommended

## CLINICAL PEARLS

- Patients with concerns for new onset type 1 diabetes (T1DM) need immediate assessment to prevent DKA and cerebral edema.
- New onset T1DM patients are admitted to MMC for at least 24-48 hours, are started on SQ basal/bolus therapy, and followed at our diabetes center. Transition to a pump and/or glucose sensor may be appropriate in the months that follow.
- Diabetes is defined as glucose  $> 200$ , A1C  $> = 6.5\%$ , OGTT  $\geq 200$  often in presence of polyuria and polydipsia.
- Patients with suspected T1DM usually do not have ambiguous labs or symptoms.
- Patients with suspected T2DM generally require more than one test to confirm the diagnosis.
- Fasting insulin has limited utility in the diagnosis of diabetes or insulin resistance and is not routinely recommended for screening.
- Children with T1DM generally have an excellent prognosis and can lead normal lives if diabetes control is optimal.

Maine Medical  
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.