

## Diabetes Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of diabetes conditions. Patients will be triaged by Consultant Endocrinologists into one two pathways: Diabetes Clinics (Type 1 & 2 Diabetes) OR Rapid Access Clinic.

### Please refer:

- Patients with gestational diabetes – add relevant information to [Maternity referral](#).
- Patients with diabetes aged under 25 to **Paediatrics – YADS Clinic**
- Patients on insulin pumps to the [Insulin Pump Clinic](#)
- Patients with a diabetic foot ulcer present for > 4 weeks to the [Diabetes Foot Service](#)

## Conditions not seen by Diabetes Specialists at Western Health:

- Uncomplicated Type 2 diabetes, HbA1c < 8% (64 mmol/mol). These patients are mostly appropriately managed in primary care ([Management of type 2 diabetes: A handbook for general practice \(RACGP\)](#)). Discuss exceptions with the Endocrinology Registrar (8345 6666 and page). No HbA1c threshold applies to patients with an EGFR <30 mL/min/1.73m<sup>2</sup>
- Patients with HbA1c ≥ 8.0% (64 mmol/mol) but appropriate for their age and /or comorbidities (e.g., elderly patients, asymptomatic patients with limited life expectancy)
- Patients managed by an endocrinologist at another health service (public or private) unless special circumstances exist (e.g., change in care provider due to change of address)
- Patients without diabetes (insulin resistance, pre-diabetes, polycystic ovarian syndrome, obesity)
- Patients discharged from Diabetes Clinic (Western Health or other) in the last 12 months, unless new symptoms, new/worsening complications, or a rise in HbA1c > 1.0% (8 mmol/mol) which has not responded to escalation in primary care management. If your patient has a HbA1c rise since discharge, please consider lifestyle measures review and medication changes, including commencement or change of insulin dose. The Endocrinology Registrar is contactable for advice.

## Alarm Symptoms:

The following alarm symptoms should trigger an immediate referral to an **Emergency Department**:

- Suspicion of diabetic ketoacidosis (DKA) e.g., abdominal pain, nausea and vomiting, dehydration, significantly elevated ketones
- Hypoglycaemia resulting in unconsciousness
- Infected diabetic foot ulcer
- Acute deterioration in vision

# Western Health Specialist Clinics Access & Referral Guidelines

**Call Endocrinology Registrar to discuss (03 8345 6666 and page):**

- Newly diagnosed/suspected Type 1 diabetes (not in DKA)
- Blood glucose greater than 20 mmol/L, or repeatedly over 15 mmol/L

## Access & Referral Priority:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<b>URGENT</b> Appointment timeframe within 30 days	<b>ROUTINE</b> Appointment timeframe greater than 30 days, depending on clinical need.
<ul style="list-style-type: none"><li>• Recently diagnosed Type 1 diabetes (already started insulin therapy – phone Endocrine Registrar <b>8345 6666 and page</b>)</li><li>• Patients with Type 1 diabetes, HbA1c &gt; 10%</li><li>• Symptomatic Type 2 diabetes despite recommended diabetes management (<a href="#">Management of type 2 diabetes: A handbook for general practice (RACGP)</a>).</li><li>• History of hypoglycaemia requiring assistance of another person or repeated symptomatic hypoglycaemia</li><li>• Planned surgery Western Health (or Western Health patient with planned cardiac or neurosurgery at a Victorian public hospital) in the next 6 months with HbA1c <math>\geq</math> 9%.</li><li>• Patients discharged from inpatient care &lt; 4 weeks with unstable blood sugar levels.</li></ul>	<ul style="list-style-type: none"><li>• Patients with Type 1 diabetes and HbA1c less than 10% (86 mmol/mol)</li><li>• Patients with Type 1 or 2 diabetes transitioning from a Young Adult Diabetes Service</li><li>• Patients with Type 2 diabetes with suboptimal control, with or without complications (HbA1c above 8.0% (64 mmol/mol) in most cases, a higher HbA1c may be acceptable if elderly or limited life expectancy)</li></ul>

# Western Health Specialist Clinics Access & Referral Guidelines

## Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
Diabetes	<ul style="list-style-type: none"> <li>Reason for referral including dates of diagnosis and details of any macrovascular (IHD, stroke, PVD) or microvascular complications (neuropathy, retinopathy)</li> <li>Details of most recent eye review</li> <li>List of all current medications and doses</li> <li>Details of past diabetes treatment and reasons for medication changes</li> <li>Details of smoking and alcohol intake</li> <li>Details of Aboriginal or Torres Strait Islander status</li> <li>Relevant family history</li> <li>Contact details of diabetes educator and other specialists (e.g., cardiologist, nephrologist)</li> </ul>	<ul style="list-style-type: none"> <li>HbA1c within last 3 months and copies of results over the last 12 months if available</li> <li>Urea &amp; Electrolytes including Creatinine</li> <li>Morning Urine albumin: creatine ratio</li> <li>Lipid profile (fasting)</li> </ul>