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# REFERRAL FOR DIABETES TO A SPECIALIST IN ENDOCRINOLOGY

## TYPE I DIABETES

Indications for referral include:

### **A. IMMEDIATE REFERRAL TO A&E**

- Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea, and vomiting, raised ketones).
- Hyperosmolar hyperglycaemic state.
- Diabetes and severe vomiting.
- Acute, severe hyperglycaemia.
- Acute, severe hypoglycaemia.
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot).
- Foot ulceration with absent pulses.

### **B. EMERGENCY REFERRAL TO A SPECIALIST**

Contact a specialist immediately to arrange emergency assessment for:

- New diagnosis of type 1 diabetes.
- Pregnancy in woman with known diabetes.
- Recent, resolved hypoglycaemic episode resulting in unconsciousness.

### **C. ROUTINE REFERRAL TO A SPECIALIST**

- All patients with type I diabetes to continue their treatment.

## TYPE II DIABETES

Indications for referral include:

### **A. IMMEDIATE REFERRAL TO A&E**

- Diabetic ketoacidosis or suspected ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea, and vomiting).
- Hyperosmolar hyperglycaemic state.
- Diabetes and severe vomiting.
- Acute, severe hyperglycaemia.
- Acute, severe hypoglycaemia.
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot).
- Foot ulceration with absent pulses.

#### **B. EMERGENCY REFERRAL TO A SPECIALIST**

Contact a specialist immediately to arrange emergency assessment for:

- Pregnancy in woman with known diabetes.
- Recent, resolved hypoglycaemic episode resulting in unconsciousness.

#### **C. ROUTINE REFERRAL TO A SPECIALIST**

- Type 2 diabetes not responding to a combination of dietary and medical management (i.e. has tried at least three glucose-lowering medicines or have contraindications to medication on offer in primary care) with HbA1c > 64 mmol/mol or 8%.
- Patients with type 2 diabetes with complications as indicated by respective guidelines (e.g. cardiovascular disease, kidney disease, retinopathy, cerebrovascular disease, neuropathy).
- Planning pregnancy.
- Management of unstable glycaemic control due to concomitant use of medicines that impact on glycaemic control (e.g. corticosteroids, chemotherapy protocols).
- Uncertain diagnosis of the type of diabetes (i.e. glucagon stimulation c-peptide testing, LADA/MODY diabetes type suspected).

**Source:**

Victoria Statewide Referral Criteria - <https://src.health.vic.gov.au>