### Suspected Type 1 Diabetes Pathway 0-19 years [Paediatrics]

**Clinical Assessment / Management Tool for Children**

**Management - Primary Care and Community Settings**

<table>
<thead>
<tr>
<th>Symptom</th>
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<tbody>
<tr>
<td>Lethargy</td>
<td>Mood changes &amp; irritability</td>
<td>Increased thirst</td>
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<td>Weight loss (even if child trying to diet)</td>
<td>Headaches</td>
<td>Polyuria</td>
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<tr>
<td>Abdominal pain</td>
<td>New onset enuresis (daytime or nocturnal)</td>
<td>Increased infections (especially skin)</td>
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<tr>
<td></td>
<td>Breathlessness</td>
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**Remember to ask direct questions as patients don’t always see some symptoms, e.g. increased thirst, as an issue**

#### Clinical Examination

- Does the child look unwell? Are there signs of recent weight loss?
- Are they dehydrated? Look for sunken eyes, decreased skin turgor
- Are they vomiting? – this might be a sign of raised ketones & ketoacidosis
- Are they breathless? - this might be a sign of Kussmaul breathing suggestive of ketoacidosis

#### AND / OR

**Have a high index of suspicion**

- Family history of type 1 DM or other autoimmunity (e.g. thyroid or coeliac disease)?
- Suggestive history (weight loss, polyuria, polydipsia)
- Parental concern

**Immediate tests in GP surgery:** Remember these are easy & minimally invasive tests but can pick up diabetes at an earlier stage & help reduce mortality & morbidity from diabetes at diagnosis

- Urine dipstick (not 1st urine of day) looking for glycosuria +/- ketonuria
- Random capillary blood glucose $\geq 11.1$ mmol/L (or fasting blood glucose $\geq 7.0$ mmol/L)

**Same day referral** by phone to General Paediatric team for urgent assessment and further investigations even if child appears well, as metabolic decompensation can occur rapidly.

**Home with safety netting advice**

- To seek urgent medical advice if symptoms worsen or change

Please see associated GP tutorial on suspected diabetes in children & young people for further information.