



**Wolverhampton
Diabetes Care**

Referral & Discharge criteria

| Domain | Referral criteria to Specialist Diabetes services | Discharge criteria from specialist care |
|---|---|---|
| Special groups <i>Type-1 Diabetes</i> <i>Pediatric/adolescent diabetes</i> <i>Insulin pump users</i> <i>Pregnancy & pre-conception</i> | <p>New diagnosis</p> <p>New diagnosis</p> <p>New to area – refer</p> <p>Pre-conception care for optimisation of diabetes control including review of medications and microvascular status</p> <p>Care during pregnancy for women with pre-existing diabetes and gestational diabetes during pregnancy</p> | <p>Should be managed in Specialist care unless agreed with individual practice</p> <p>Should be managed in specialist care</p> <p>Should be managed in specialist care</p> <p>Discharged after postnatal visit unless:</p> <ul style="list-style-type: none"> - Type-1 diabetes - Appropriate for FU in adolescent clinic |
| Hypoglycaemia | <ol style="list-style-type: none"> 1. Any severe hypoglycaemia (required 3rd party assistance) event in the preceding 12 months 2. Hypoglycaemia unawareness 3. Recurrent hypoglycaemia | Resolution of hypoglycaemia and safe control achieved |
| Glycaemic control | Glycaemic control suboptimal despite maximum primary care based interventions | Individualised target glycaemic control achieved |

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| Renal impairment | <p>For review of medical therapy and optimisation of risk factors:</p> <ol style="list-style-type: none"> 1. CKD stage 4 2. CKD stage 3b for optimization of risk factors 3. eGFR decline >10ml/min in 12 months 4. progressive rise in ACR/ significant proteinuria 5. eGFR decline (25%) with ACEI/ARB <p><u>Direct Nephrology referral:</u></p> <ol style="list-style-type: none"> 1. CKD stage 5 2. Non-diabetes kidney disease suspected | Renal functions stable and further monitoring can be undertaken in primary care setting |
| Obesity | <ol style="list-style-type: none"> 1. Weight related significant co-morbidities. 2. Progressive weight gain on existing diabetes therapies | Target weight loss achieved Ineffective medical intervention & unsuitable for bariatric surgery |
| Diabetes foot | <ol style="list-style-type: none"> 1. Acute foot problems- new ulcer, suspected Charcot's 2. Symptomatic severe neuropathic pain not responding to conventional treatment 3. High risk foot patients who need optimisation of risk factors | Resolution of foot problem or agreed management plan for implementation in the community |
| Cardiovascular | Uncontrolled hypertension Stubborn dyslipidemia | Optimal control of risk factors |
| Diabetic Retinopathy | Sight threatening diabetic retinopathy needing optimisation of medical risk factors | Improved glycaemic and metabolic control |