**Diagnosing Diabetes Guidance – Potential URGENT scenarios**

Any clinical suspicion that the patient may require insulin which should include – young person. unwell, short duration symptoms, marked weight loss, steroid or antipsychotic medication, pancreatic disease- either in isolation or combination.

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| **Check random capillary blood glucose and dipstix urine for ketones** | | | |
| **<7.0mmol** | **7.0-11.0mmol** | **≥11.1mmol \*** | |
| Diabetes very unlikely. | Possible diabetes. | **CHECK URINE KETONES without delay** | |
| Send laboratory venous glucose sample to confirm.    Re-assess symptoms and consider other potential causes. | Send laboratory venous sample.  In presence of Sx    Lab glucose is diagnostic if:    Fasting ≥7.0mmol/L  Random ≥11.1mmol/L  Follow traditional diagnostic criteria which may include the need for OGTT. | **Ketones 2+ or more**  **AND/OR acutely unwell/vomiting**    Severely unwell – arrange direct admission.    **Otherwise**  1) Contact Diabetes Team (OOH on-call via switch) same day.  **AND**  2) Send urgent lab venous glucose with BCP  Do not wait for lab results before contacting diabetes team. | **Ketones Neg to 1+**  **Eating and drinking, well**    1) Send lab venous glucose to confirm.  2) Advise avoid sugar containing drinks including fruit juices.  3) Lab result ≥11.1 mmol diagnostic in presence of Sx.  4) If lab result <11.1 arrange fasting glucose and follow traditional diagnostic criteria.    Contact Diabetes team if urgent treatment with insulin is likely based on clinical judgement. |
| **If symptoms persist be prepared to retest** | | | |

**\*Any capillary blood glucose reading of >20mmol in previously undiagnosed DM – contact the diabetes team the same day for advice.**

**Unless the person is acutely unwell direct hospital admission is usually avoidable**

**NB – This guidance is not designed to replace clinical judgement and does not cover rarer presentations of diabetes.**

**If there is concern about a patient further advice should be sought.**