

Suspected Type 1 Diabetes Pathway 0-19

Clinical assessment/management tool for children

Management – Primary Care and Community Settings



Lethargy	Mood changes & irritability	Increased thirst
Weight loss (even if child trying to diet)	Headaches	Polyuria
Abdominal pain	New onset enuresis (daytime or nocturnal)	Increased infections (especially skin)
	Breathlessness	

Remember to ask direct questions as patients don't always see some symptoms, e.g. increased thirst, as an issue

Clinical examination

- Does your child look unwell? Are there signs of recent weight loss?
- Are they dehydrated? Looks for sunken eyes, decreased skin turgor
- Are they vomiting? This might be a sign of raised ketones and ketoacidosis
- Are they breathless? This might be a sign of Kussmaul breathing suggestive of ketoacidosis
- Any child with symptoms from the above table will receive a glycosuria test

Have a high index of suspicion

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

Yes

No

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 ≥ 11.1 mmol/L (or fasting blood glucose ≥ 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
- [Safety netting and parent info sheets](#)