

Children's Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Diabetes Type 1 and Type 2				
Diagnosis/symptoms	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Endocrine Clinic:	How to refer to Endocrine Clinic:	Specialist's workup will likely include:
<p>Signs and symptoms</p> <ul style="list-style-type: none"> History of excessive thirst or urination, unintentional weight loss, vomiting, abdominal pain, or fatigue and other significant history. During flu and virus season the symptoms may mimic the flu. If suspicious please do a routine urinalysis to screen for glucose and ketones at the minimum. Missed cases may be life threatening and could lead to devastating events. Patients with type 2 diabetes may present asymptomatic with glucosuria, hyperglycemia or an A1c $\geq 6.5\%$ found incidentally on routine screening. For more information, consult referral guides 	<p>History and physical exam</p> <ul style="list-style-type: none"> Height, weight, BMI <p>Labs:</p> <ul style="list-style-type: none"> Hgb A1C level For A1c $\geq 6.5\%$-7.0% in asymptomatic patient, please confirm result by a NGSP certified method (can 	<p>If any of the following:</p> <ul style="list-style-type: none"> Hemoglobin A1C 6.5% or greater (confirm by NGSP certified method if A1c <7.0 and patient asymptomatic) Positive urine or blood ketones and fasting blood sugar = 126 or greater Random blood sugar 200 or 	<p>All newly diagnosed patients with diabetes type 1 and 2 are considered urgent referrals:</p> <p>PCP should call Children's Physician Consultation line: (800) 266-0366.</p> <p>Routine referrals for already treated patients with diabetes can be sent by regular means:</p> <p>Internal Provider using Epic:</p> <ul style="list-style-type: none"> Place Ambulatory Referral to Endocrine 	<p>After referral to Endocrine Clinic:</p> <ul style="list-style-type: none"> History Physical exam Evaluation of growth charts and prior labs if available Point of care testing: Hemoglobin A1c, blood sugar, urinalysis Other labs typically needed: Thyroid Antibodies, TSH, Free T4, Total IgA, GAD-65, IAA, ICA 512, and Transglutaminase IgA



<ul style="list-style-type: none"> Reference: Download the ADA Guidelines for information on the diagnosis of diabetes (PDF) from: https://diabetesjournals.org/care/issue/45/Supplement_1 	<p>send to Quest)</p> <ul style="list-style-type: none"> Routine urinalysis and/or point of care urine for glucose and ketones. Point of care blood glucose if able. Blood glucose (fasting or random). 	<p>greater with symptoms of diabetes</p> <p>Send to ED if ketones are in moderate to large range or if child is lethargic, vomiting or having labored breathing.</p>	<p>External Provider using Epic / EMR:</p> <ul style="list-style-type: none"> Send external referral order to CHW_ENDOCRINOLOGY CLINICS OR Fax to Central Scheduling @ 414 (607-5288) <p>In order to help triage our patients and maximize the visit it would also be helpful to include:</p> <ul style="list-style-type: none"> Chief complaint, onset, frequency Recent progress notes Urgency of the referral Labs and imaging results Other Diagnoses Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems. Growth charts For a transfer referral include last known insulin regimen and most recent labs. 	
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Medical Disclaimer

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