

# Children's Hospital Of 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 Hospital of Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

<h2 style="text-align: center;">Diabetes</h2> <p style="text-align: center;">Type 1 (Autoimmune Insulin Dependent Diabetes)</p>				
Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Diabetes Clinic:	What can referring provider send to Diabetes Clinic?	Specialist's workup will likely include:
<p><b>Signs and symptoms</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Urgent referral recommended for new onset Diabetes:</b></p> <ul style="list-style-type: none"> <li><b>Urgent referrals for all newly diagnosed patients with diabetes:</b> For patients you identify we will need to see them within the next 24 to 48 hours, contact the outpatient endocrinologist on call via the Children's Hospital Physician Referral and Consultation line: (800) 266-0366.</li> <li><b>Routine referrals for already treated patients with diabetes (transferred to the area):</b> Have the family schedule an appointment by calling Central Scheduling at (877) 607-5280. The family member will need to know the</li> </ul>	<p><b>History and physical exam</b></p> <ul style="list-style-type: none"> <li>Height, weight, BMI</li> <li>For a transfer referral include last known insulin regimen and most recent labs</li> </ul> <p><b>Labs:</b></p> <ul style="list-style-type: none"> <li>Hgb A1C level</li> <li>Routine urinalysis and/or point of care urine for glucose and ketones</li> <li>Point of care blood glucose if able. Blood glucose (fasting or random)</li> </ul>	<p><b>If any of the following:</b></p> <ul style="list-style-type: none"> <li>Hemoglobin A1C 6.5% or greater</li> <li>Positive urine or blood ketones and fasting blood sugar = 126 or greater</li> <li>Random blood sugar 200 or greater with symptoms of diabetes</li> <li>Send to ED if ketones are in moderate to large range or if child is lethargic, vomiting or having labored breathing</li> </ul>	<ul style="list-style-type: none"> <li>Growth chart</li> <li>Relevant laboratory studies</li> <li>Previous physician notes</li> </ul>	<p><b>After referral to Diabetes Clinic:</b></p> <ul style="list-style-type: none"> <li>History</li> <li>Physical exam</li> <li>Evaluation of growth charts</li> <li>Evaluation of prior labs if available</li> <li>Point of care testing: Hemoglobin A1c, blood sugar, urinalysis</li> <li>Other labs typically needed: Thyroid Antibodies, TSH, Free T4, Total IgA, GAD-65, IAA, ICA 512, and Transglutaminase IgA</li> </ul>

Updated by: Dr. Fiallo-Scharer and Elaine Parton APNP

Updated on: 8/8/2017

<p>reason for the referral so the patient can be scheduled in the appropriate clinic.</p> <ul style="list-style-type: none"><li>• <b>Reference:</b> Download the ADA Guidelines for information on the diagnosis of diabetes (PDF) from: <a href="https://professional.diabetes.org/content/clinical-practice-recommendations">https://professional.diabetes.org/content/clinical-practice-recommendations</a>.</li></ul>				
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