

Country Health SA Local Health Network

Diabetes Specialist Nurse Service Clinical Priorities

PRIORITY	Any diabetes type	Type 1 diabetes	Type 2 diabetes	Gestational Diabetes
1 Risk of hospitalisation or adverse outcome for the client Timeframe: Within 24-48 hours	<ul style="list-style-type: none"> • Inpatient consultation (eg assessment and discharge planning) • Recent SAAS Call Out (eg assessment and prevention of readmission) • Outpatient consultation (eg rapid response, case conference, omitting insulin or incorrect diabetes medication or dose (eg over dose) • Re-occurring hypoglycaemia or at risk of severe hypoglycaemia/hypoglycaemia unawareness • Recent diabetes related hospital admission 	<ul style="list-style-type: none"> • New diagnosed • Advanced hyperglycaemia (eg blood glucose >15mmol/L, blood ketones >0.6mmol/L, 2 correctional doses of insulin given) • Risk of DKA (eg intercurrent illness, recent DKA, blood ketones >0.6mmol/L) • Equipment failure (eg insulin pump or pen, blood glucose/ketone monitor) • Paediatric • Pregnancy (eg antenatal medication management, postnatal medication management) 	<ul style="list-style-type: none"> • Advanced hyperglycaemia (eg blood glucose >15mmol/L for more than 24hour) • Risk of HHS (eg intercurrent illness) • Equipment failure (eg insulin pen, blood glucose monitor) • Paediatric • Pregnancy (eg antenatal medication management and commencement of insulin therapy, postnatal insulin medication management) 	<ul style="list-style-type: none"> • Commencement of insulin therapy (eg basal and/or meal time)
2 Risk potential for short or medium term high level harm Timeframe: 2-7 days	<ul style="list-style-type: none"> • Risk of moderate hypoglycaemia and hypoglycaemia action planning • Hyperglycaemia action planning (eg sick day management plan) 	<ul style="list-style-type: none"> • Ambulatory insulin titration (eg changes to insulin therapy, insulin pump settings, basal and/or meal time) • Equipment upgrade (eg insulin pump, blood glucose/ketone monitor) • Paediatric • Pregnancy (eg antenatal and postnatal insulin titration). 	<ul style="list-style-type: none"> • Commencement of insulin therapy • Ambulatory insulin titration (eg changes to insulin therapy, basal and/or meal time) • Paediatric • Pregnancy (eg antenatal and postnatal medication management titration) 	<ul style="list-style-type: none"> • Ambulatory insulin titration (eg changes to insulin therapy, basal and/or meal time) • Newly diagnosed • Day 4 Post-natal follow up.
3 Risk for long term harm, but have good chance of improvement Timeframe: 8 days - 1 month	<ul style="list-style-type: none"> • Recurrent mild hypoglycaemia and hypoglycaemia action planning • Changes to hyperglycaemia action planning (eg sick day management plan) • Diagnosis of complication or co-morbidity (eg renal disease, CVD, neuropathy, change in foot risk, retinopathy) • Professional continuous glucose monitoring (CGM) • Pre anaesthetic medication plan • Aged care assessment • DECD Training (eg new diagnosis, changes to care plans, school excursion and camp guidelines) 	<ul style="list-style-type: none"> • Ambulatory insulin titration for overseas or domestic travel (eg changes to insulin pump settings, basal and meal time insulin therapy) • Basal Bolus Insulin Calculations (eg insulin:carbohydrate ratio/s, insulin sensitivity for correction) • Equipment upgrade (eg continuous glucose monitoring, flash glucose monitoring) • Paediatric (eg returning to school/child care, changes to care plans, school excursion and camp guidelines) 	<ul style="list-style-type: none"> • Newly diagnosed, HbA1c 8% (64mmol/mol) or more (eg T2DSCP) • Commencement of medication with risk of hypoglycaemia (eg sulphonylureas and/or insulin) • Commencement of GLP1 injectable • Paediatric (eg returning to school/child care, changes to care plans, school excursion and camp guidelines) 	
4 Risk for long term harm, low level immediate complications Timeframe: 1 – 3 months	<ul style="list-style-type: none"> • Health Care Training (eg Initial training for DECD staff/ health care workers) • Personal CGM acquisition and training • Personal flash glucose monitoring acquisition and training 	<ul style="list-style-type: none"> • Commencement of insulin pump therapy • Upgrade of insulin pump therapy • Paediatric (eg transitioning to primary/secondary/university and/or adult services) • Pregnancy (eg pre/post conception pregnancy planning). 	<ul style="list-style-type: none"> • Newly diagnosed, HbA1c less than 8% (64mmol/mol) (eg T2DSCP) • Commencement of medication with no risk of hypoglycaemic risk (eg T2DSCP) • Paediatric (eg transitioning to primary/secondary/university and/or adult services) • Pregnancy (eg pre/post conception pregnancy planning). 	<ul style="list-style-type: none"> • Post-natal OGTT follow up
5 Minimal risk to client short or long term Timeframe: 3 – 6 months	<ul style="list-style-type: none"> • Health Care Training (eg Annual Review for DECD staff/health care workers) 	<ul style="list-style-type: none"> • DAFNE Program (for SERCHS only) 	<ul style="list-style-type: none"> • GP Management Plan or Team Care Arrangement outside the above clinical need 	

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PRIORITY	Any diabetes type	Type 1 diabetes	Type 2 diabetes	Gestational Diabetes
<p>URGENT</p> <p>Requires <u>immediate</u> medical assessment, SAAS or presentation to emergency department</p>	<ul style="list-style-type: none"> • Vague/confused/altered state of consciousness • Poor historian/difficult to assess when not physically present • Inability to self-care / absence of carer • Not tolerating oral food or fluids / persistent vomiting • Symptomatic of hyperglycaemia / prolonged hyperglycaemia (eg blood glucose >15mmol/L and or blood ketones >1.5mmol despite treatment) • Symptomatic of severe hypoglycaemia / prolonged hypoglycaemia (eg blood glucose <4mmol/L despite treatment) 	<ul style="list-style-type: none"> • Diabetic Ketoacidosis (DKA) (eg signs of hyperglycaemia, blood ketones >1.5mmol and/or dehydration and/or symptoms of nausea, vomiting, and abdominal pain, increased ventilation and/or deep rapid breathing. • Insulin Pump Failure (eg insulin delivery system break down) • Paediatric (eg new diagnosed) • Pregnancy (eg high risk of maternal and/or fetal morbidity) 	<ul style="list-style-type: none"> • Hyperglycaemic, Hyperosmolar State (HHS) (eg signs of hyperglycaemia, hypotension, tachycardia or irregular heart rate and/or symptoms of nausea, vomiting, abdominal pain, hyperventilation, lethargy and/or anxiety. • Paediatric (eg new diagnosed) • Pregnancy (eg high risk of maternal and/or fetal morbidity) 	<ul style="list-style-type: none"> • Risk of Miscarriage/Stillbirth (eg back pain, contractions, pv loss, decrease in signs of pregnancy/fetal movement)

Additional Notes

Clinical assessment will determine the degree of risk and thus an acceptable time frame for service provision. Service provision can occur via telehealth and with other CHSA diabetes services if onsite service is unavailable. Refer to CHSALHN Service Framework – Diabetes for further information on discipline specific referral criteria and clinical priorities. Information on private providers is to be offered where applicable.

- **Current or recent admission or recent SAAS call out without transfer to hospital** - any client requiring services related to a hospital admission or a SAAS call out are considered high risk and require early assessment via the Diabetes Rapid Access Service.
- **Diabetes Ketoacidosis (DKA)** - is a medical emergency in type 1 diabetes but can also occur in type 2 diabetes where there is significantly deficit in insulin. Immediate medical assessment is required for prompt diagnosis and intensive management locally and/or up transfer.
- **Hyperglycaemic Hyperosmolar State (HHS)** - is a medical emergency in type 2 diabetes. Immediate medical assessment is required for prompt diagnosis and intensive management locally and/or up transfer.
- **Insulin** - any client requiring services associated with insulin commencement and/or stabilisation are considered high risk and require early initial assessment. Those clients considered stable, can then be further prioritised by a suitably qualified health professional at the service level.
- **Paediatric** - any child or adolescent with diabetes is considered a category 1 until further assessment. Paediatric diabetes is high risk and requires early initial assessment by a suitably qualified health professional.
- **Pregnancy** - any referral that indicates a combination of diabetes and pregnancy is considered a category 1 until further assessment. Diabetes in pregnancy is high risk and requires an early assessment by a suitably qualified health professional.
- **Aged care and residential care (outside of SA Health services)** based on clinical need and risk as outlined above.
- **Type 2 diabetes review** - consideration is to be given to the Type 2 Diabetes Self Care Program (T2DSCP) for newly diagnosis and pre-existing type 2 diabetes referrals. No routine reviews will be conducted without a clinical need. Reviews are based on the above criteria, and not on a timeframe (eg yearly routine reviews). Exceptions are to be made for children, adolescents and young adults with type 2 diabetes. Reviews will be triggered via the medical practitioners' diabetes cycle of care and referrals based on the above criteria.
- **Type 1 diabetes review** - type 1 diabetes is a significantly more complex health condition with greater short and long term risk, annual or bi-annual reviews are considered part of evidence based care and will continue based on clinical need.
- **Insulin pump therapy review** - insulin pumps administer only rapid acting insulin. In the event of insulin pump failure and/or the patient's inability to use the pump, diabetic ketoacidosis can develop within 3-4 hours. Advice must be sought and alternative insulin delivery (eg basal bolus insulin) is required.
- **Continuous blood glucose monitoring (CGM)** CGM is not currently available in all diabetes service sites. Clinical priority for this service would be based on the clinical need as outlined above.