

Patients Presenting with Newly Diagnosed Diabetes Mellitus

Guideline

Young patients with type 2 diabetes may be acidotic at initial presentation, making it difficult to distinguish between type 1 and type 2 diabetes. Afro-Caribbean patients are particularly prone to ketoacidosis at diagnosis. This is because hyperglycaemia combined with high circulating free fatty acids are beta cell toxic and cause significant insulin deficiency, resulting in acidosis. Biochemical and serological investigations undertaken around the time of presentation can help identify those patients with type 1 diabetes.

All patients with hyperglycaemia and acidosis at initial presentation require insulin therapy. If in doubt, assume the diagnosis is type 1 diabetes.

All new diagnoses of diabetes must be discussed with the diabetes team during working hours. Out of hours, new diabetes should be discussed with the medical SpR on call.

If a member of the diabetes team is not available or the patient presents out of hours, the priority is ensuring their safety and they should be admitted, if appropriate, for glucose lowering treatment. The diabetes team will review the patient on the next working day.

The diabetes inpatient teams are available to review patients on all sites and should be contacted on:

St Mary's Campus

Diabetes Specialist Nurse: Bleep 1224 Extension 21073 Fax 26150
 Diabetes SpR: Bleep 1622

Charing Cross Campus

Diabetes Specialist Nurse: Bleep 5302 Extension 11062 Fax 11080
 Diabetes SpR: Bleep 1061

Hammersmith Campus

Diabetes Specialist Nurse: Bleep 6749 Extension 34693 Fax 32348
 Diabetes SpR: Bleep 9050/9051

Admin Info

6) IMPLEMENTATION

Training required for staff	No
If yes, who will provide training	Please give name/post
When will training be provided?	Please give date(s)
Date for implementation of guideline	

7) MONITORING / AUDIT

When will this guideline be audited?	1/1/2011
Who will be responsible for auditing this guideline?	Dr. Jonathan Valabhji, Clinical Lead, Diabetes
Are there any other specific recommendations for audit?	

8) REVIEW

When will this guideline be reviewed?	June 2013 Nick Oliver
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Please indicate frequency of review: As a guide: <ul style="list-style-type: none"> • Drug related guidance should be reviewed every 2 years • Therapy related guidance should be reviewed every 5 years • Clinical treatment guidance should be reviewed every 3 – 5 years 	3 yearly
Date of next review	June 2013

10) GUIDELINE DETAIL

Start Date: (date of final approval by CPG)		
Dates approved by:	Divisional Guidelines Group (if applicable)	
	CPG1 Guidelines Committee	
Have all relevant stakeholders (Trust sites, CPGs and departments) been included in the development of this guideline?	Imperial College Healthcare NHS Trust Diabetes Team Professor D Johnston Dr A Dornhorst Dr J Valabhji Dr E Hatfield Dr N Martin Dr T Tan Dr D Gable Dr M Yee Dr N Oliver Sarah Allen Carol Jairam Mary Joyce Barbara Muzenda Clare Poulter Jo Reed Carmel Ryan Anna Sackey Inez Walkes Sarah Menezes Nicola Bandaranayake Louisa Fearnley	
Who will you be notifying of the existence of this guidance?	Please give names/depts	
Related documents:	If applicable	
Author/further information:	Nick Oliver / Carol Jairam Diabetes Dept CPG1 – Medicine St. Mary's Hospital 0203 312 1073	

Document review history:	If applicable – version number; dates of previous reviews
Next review due	
THIS GUIDELINE REPLACES:	List the title of the replaced guideline, its archive location and previous versions where known

11) INTRANET HOUSEKEEPING

Key words	New diabetes hyperglycaemia
Which CPG does this belong to?	Medicine
Which subdivision of the guidelines spine should this belong to?	Diabetes and Endocrinology
Title for the intranet if different from the document (<i>please note that documents sit alphabetically so should not start with "guideline for..."</i>)	Newly diagnosed diabetes mellitus