Monash Health Referral Guidelines
DIABETES AND VASCULAR MEDICINE

EXCLUSIONS

Services not offered by Monash Health

- Routine uncomplicated Diabetes care
- Diabetes education and Dietician review if specialist management opinion is not required
- Patients under 19 years of age: Click here for Monash Children's Paediatric Diabetes and Endocrinology guidelines

CONDITIONS

DIABETES
General Diabetes
Young Adult Diabetes

DIABETES IN PREGNANCY
Gestational Diabetes
Pre Pregnancy with Pre-Existing Diabetes

DIABETES AND FOOT DISEASE
Diabetes Related Foot Conditions

POLYCYSTIC OVARIAN SYNDROME
Polycystic Ovarian Syndrome

DIABETES AND RENAL DISEASE
Diabetes and Chronic Kidney Disease

VASCULAR MEDICINE AND HYPERTENSION
Vascular Medicine and Hypertension

PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral.**

EMERGENCY	For emergency cases please do any of the following: - send the patient to the Emergency department OR - Contact the on call registrar OR - Phone 000 to arrange immediate transfer to ED
URGENT	The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.
ROUTINE	The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

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Monash Health Referral Guidelines
DIABETES AND VASCULAR MEDICINE

REFERRAL

How to refer to Monash Health

Mandatory referral content

Demographic:
Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:
Reason for referral
Duration of symptoms
Management to date and response to treatment
Past medical history
Current medications and medication history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics as per referral guidelines
Suitability for telehealth

Click here to download the outpatient referral form

CONTACT US

Medical practitioners

To discuss complex & urgent referrals contact on call registrar via Main Switchboard 9594 6666

General enquiries

Phone: 95554 1550

Submit a fax referral

Fax referral form to **Diabetes and Vascular** unit: 95541544

Fax referral form for Foot Conditions to **High Risk Foot** Coordinator: 9554 1516

Procedure

All referrals received by Monash Diabetes and Vascular Medicine are triaged by Senior clinicians to determine the eligibility and urgency of referral. Low quality referrals with missing data may be returned.

DIABETES

GENERAL DIABETES

Initial GP Work Up

Presentation: Type 1, LADA, Type 2, Steroid induced diabetes, Secondary to pancreatic disease

Investigations:

- HbA1C
- Fasting or random glucose
- UEC
- LFT
- FBE
- Fasting Cholesterol - HDL, LDL, TG
- Urine ACR

Management Options for GP

- Newly diagnosed type 2 diabetes: consider referral to community or private services for diabetes education and dietetics advice. Commencement of Metformin unless contraindicated.
- Sub-optimally controlled diabetes: consider escalation of medications as per the RACGP guidelines.

WHEN TO REFER?

Emergency

- Patients with Diabetes who are unwell and ketotic.
- Patients with Diabetes who are hyperglycaemic, and are unable to tolerate oral intake.

Urgent

- Patients sent home from ED with hypo or hyperglycemia who require rapid assessment
- Patients recently discharged from hospital with:
  - Unstable diabetes
  - Significant changes to therapy initiated during admission
- Patients with suspected Type 1 diabetes who are not unwell at presentation
- Patients recently commenced on steroid therapy causing hyperglycaemia

Routine

- Sub-optimal diabetes control
- Complications ensuing from diabetes

BACK

DIABETES (cont'd)

YOUNG ADULT DIABETES

Initial GP Work Up

Presentation: 18-30 year olds with Type 1 Diabetes or uncontrolled Diabetes.

Investigations:

- HbA1C
- Fasting Glucose
- FBE
- UEC
- Fasting Cholesterol - HDL, LDL, TG
- Urine ACR
- TFT's, TPO AB
- Coeliac Serology

Management Options for GP

- Newly diagnosed type 2 diabetes: consider referral to community or private services for diabetes education and dietetics advice. Commencement of Metformin unless contraindicated.
- Sub-optimally controlled Type 2 diabetes: consider escalation of medications as per the RACGP guidelines,
- Young Adolescent Diabetes Services clinics' are multidisciplinary clinics staffed by paediatric and adult consultant endocrinologists (Monash site only), diabetes nurse educators, dietician, social worker (Monash site only) and optometrist (DDH site only) and provide point of care HbA1c measurement.

WHEN TO REFER?

Emergency

- Patients with Diabetes who are unwell and ketotic.
- Patients with Diabetes who are hyperglycaemic, and are unable to tolerate oral intake.

Urgent

- Uncontrolled Type 1 Diabetes
- Patients sent home from ED with hypo or hyperglycemia who require rapid assessment
- Patients recently discharged with:
  - Unstable diabetes
  - Significant changes to therapy initiated during admission
- Patients with suspected new diagnosis of Type 1 diabetes who are not unwell at presentation.
- Patients may be triaged into the HARP diabetes or Diabetes Support Service clinics if urgent and then transferred to the appropriate service

Routine

- Chronic suboptimal diabetes control
- Patients with Type 1 diabetes

BACK

DIABETES AND FOOT DISEASE

DIABETES RELATED FOOT CONDITIONS

Initial GP Work Up

Presentation: complex non healing foot ulceration with diabetes.

Investigations

- HbA1C
- Fasting Glucose
- UEC, LFT's / FBE/ CRP
- Fasting Cholesterol - HDL, LDL, TG
- Urine ACR
- Plain x ray
- Tissue sample / Wound swab MCS

Management Options for GP

- Consider referral to podiatrist for wound management and offloading.
- Consider arterial duplex ultrasound of lower limb if pedal pulses are not palpable.
- Consider commencing oral antibiotics for infected ulcer according to Antibiotic guidelines.

The High Risk Foot service at Monash Health provides a multidisciplinary consultative approach in assist in the management of Diabetes related foot conditions. Referrals can be emailed to: HighRiskFootCoordinator@monashhealth.org or faxed to 9554 1516.

WHEN TO REFER?

Emergency

Moderate to severe foot infection, which is potentially limb threatening.

Features include:

- Ulceration to deep tissues
- Purulent discharge
- Cellulitis
- Systemic toxicity
- Necrosis/gangrene
- Bacteraemia

Urgent

- Foot ulcers > 4 weeks duration that are not progressing despite best practice wound care and off-loading
- Foot ulcers in the presence of known or suspected Peripheral Arterial Disease (i.e. no palpable pulses, ABI < 0.8, claudication/rest pain)
- Suspected osteomyelitis (wound probing to bone or X-ray changes), or persistent soft tissue infection of the foot not responding to appropriately prescribed antibiotic therapy
- Foot ulcers in the presence of significant renal disease

BACK

DIABETES AND RENAL DISEASE

DIABETES AND CHRONIC KIDNEY DISEASE

Initial GP Work Up

Presentation: Patients needing management for **BOTH** diabetes **AND** chronic kidney disease (persistent eGFR<60mL/min/1.732m^2 over 3 months)

Investigations:

- eGFR
- HbA1C (for T1DM and T2DM) and FBE
- Fasting Glucose
- UEC (for T1DM and T2DM)
- MicroAlb, ACR (for T1DM and T2DM)
- Urine Protein:Creatinine ratio
- MSU (m,c,s, with red blood cell morphology)
- Renal US and Vascular Doppler

Management Options for GP

- For patient referrals and enquiries, please contact 9594 6666 pager 429 (Mon to Fri 9 am to 5 pm)
- Patients requiring management for either their diabetes **OR** CKD (as the other condition is being managed by another specialist) are **NOT** suitable for this clinic.

WHEN TO REFER

Emergency

- Patients with Diabetes who are unwell and ketotic.
- Patients with Diabetes who are hyperglycaemic, and are unable to tolerate oral intake.
- Acute or acute on chronic renal failure when immediate dialysis may be required.
- Acute presentation and signs of acute nephritis or nephrosis (oliguria, haematuria, acute hypertension, oedema and / or acute renal failure)

Urgent

- Patients sent home from ED with hypo or hyperglycemia who require rapid assessment
- Patients recently discharged from hospital with:
  - Unstable diabetes
  - Significant changes to diabetes therapy initiated during admission
- Patients with suspected Type 1 diabetes who are not unwell at presentation
- Patients recently commenced on steroids therapy causing hyperglycaemia
- New detection of an eGFR < 30 mL/min/1.73m2
- New onset Glomerular haematuria with reduced eGFR
- Rapidly progressive renal failure with sequential loss of renal function over multiple measures over a period of weeks or months
- Patients may be triaged into the HARP diabetes or Diabetes Support Service and Renal clinics if urgent and then transferred to the appropriate service

Routine

- Sub-optimal diabetes and blood pressure control
- eGFR < 60
- Complications ensuing from diabetes
- Persistent significant albuminuria (urine ACR ≥30 mg/mmol)

BACK

DIABETES IN PREGNANCY

GESTATIONAL DIABETES AND PRE PREGNANCY PLANNING OF PRE-EXISTING DIABETES

Initial GP Work Up

Presentation: Pregnant women with Gestational Diabetes, or women with Type 1, Type 2, CF Diabetes, or other who are trying to get pregnant

Investigations:

- OGTT (for GDM women only)
- HbA1C (for T1DM and T2DM or GDM women diagnosed before 12 weeks gestation)
- UEC(for T1DM and T2DM)
- Urine ACR(for T1DM and T2DM)

Management Options for GP

- Pregnant women with diabetes who are managed with sulphonylureas, DPPIV inhibitors, SGLT2i, acarbose, thiazolidinediones, GLP1 agonists should have these medications ceased and early commencement of insulin considered.
- Women with T1DM and T2DM are generally managed at Clayton.
- Women with GDM ONLY can be managed at Dandenong, Cranbourne and MonashLink.

WHEN TO REFER?

Emergency

Women with pre-existing diabetes who are unwell and ketotic.

Urgent

- Women with pre-existing T1DM or Type 2 diabetes (T2DM) for pre-conception counselling
- Women with pre-existing T1DM and T2DM who are pregnant (EARLY referral is recommended)
- Women with newly diagnosed gestational diabetes (GDM) (EARLY referral is recommended)
- Women found to have an elevated random glucose in early pregnancy ie RBG > 11.1mmol/L. For women not known to have diabetes, if RBG 7.0-11.1mmol/L, arrange an OGTT

BACK

POLYCYSTIC OVARIAN SYNDROME

POLYCYSTIC OVARIAN SYNDROME (PCOS)

Initial GP work up

- Total testosterone, SHBG, free androgen index
- TSH
- Prolactin
- Pelvic ultrasound

Management Options for GP

- Refer to PCOS Multidisciplinary Service at Monash Health
- Consider education on healthy lifestyle and diabetes prevention

WHEN TO REFER

Routine

- Women with confirmed or suspected polycystic ovary syndrome (PCOS)

BACK

VASCULAR MEDICINE AND HYPERTENSION

VASCULAR MEDICINE AND HYPERTENSION

Initial GP Work Up

Presentation: diabetes and vascular complications/hypertension

Investigations:

- HbA1C
- Fasting Glucose
- UEC
- Fasting Cholesterol - HDL, LDL, TG
- Urine ACR

Management Options for GP

N/A

WHEN TO REFER?

Emergency

Malignant hypertension

Urgent

- Hypertension with progression or complications:
  - Cardiac
  - Renal
  - Neurological
  - Vascular
- Severe hypertension
- Pregnancy associated hypertension

Routine

- Hypertension
  - Difficult to control
  - Suspected secondary cause
- Renovascular disease
- Vasculitic disease
- Vascular risk management
- Suspected autonomic dysfunction

BACK