Monash Health Referral Guidelines

Incorporating Statewide Referral Criteria

DIABETES

EXCLUSIONS

Services not offered by Monash Health

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

CONDITIONS

DIABETES

Type 1 Diabetes

Type 2 Diabetes

Other including secondary to pancreatic disease, MODY

DIABETES AND FOOT DISEASE

Diabetes Related Foot Complication

POLYCYSTIC OVARIAN SYNDROME

Polycystic Ovarian Syndrome

DIABETES IN PREGNANCY

Gestational Diabetes

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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DIABETES

REFERRAL

How to refer to Monash Health

Secure eReferral by HealthLink is now our preferred method of referral.

Find up-to-date information about how to send a referral to Monash Health on the **eReferrals page on our website**.

CONTACT US

Medical practitioners

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

General enquiries

Phone: 1300 342 273

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.

High Risk Foot Conditions

Medical practitioners

To discuss complex & urgent referrals to High Risk Foot, contact the on call registrar:

- Dandenong: 0408 816 401
- Clayton: 0408 898 674

DIABETES

TYPE 1 DIABETES

DHHS Statewide referral criteria apply for this condition

Criteria for referral to public hospital specialist clinic Services

Diagnosed with type 1 diabetes

Information to be included in the referral

Information that **must** be provided

- Reason for referral
- Details of previous medical management including the course of treatment and outcome of treatment
- Current and previous HbA1c results
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Known complications or comorbidities (e.g. cardiovascular disease, kidney disease, retinopathy, cerebral vascular disease, neuropathy, anxiety, depression)
- Urea and electrolyte results
- Creatinine blood results
- Albumin to creatinine ratio (ACR) urine results
- Liver function results
- Lipid profile results
- If the person identifies as an Aboriginal and Torres Strait Islander
- Functional impact of symptoms on daily activities including impact on work, study or carer role.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

If the woman has not already been referred, or does not have an appointment scheduled, referrals for planning for pregnancy are encouraged.

Referrals may be directed to a range of endocrinology services including: young adult diabetes, diabetes in pregnancy services, diabetic education, high-risk foot service.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

SEMPHN Pathways

The SEMPHN Pathways are not available for this condition at time of publishing

HealthPathways

Please refer to HealthPathways Melbourne for guidance in assessing, managing and referring for patient conditions (login required).

WHEN TO REFER?

Emergency

Direct to an emergency department for:

- Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting, raised ketones)
- Hyperosmolar hyperglycemic state
- Diabetes and severe vomiting
- Acute, severe hyperglycaemia
- Acute, severe hypoglycaemia.
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot)
- Foot ulceration with absent pulses.

Immediately contact the endocrinology registrar to arrange an urgent endocrinology assessment for:

- New diagnosis of type 1 diabetes
- Pregnancy in known diabetic woman
- Recent, resolved hypoglycaemia episode resulting in unconsciousness.

Urgent

- Patients sent home from ED with hypo or hyperglycaemia 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

TYPE 2 DIABETES

DHHS Statewide referral criteria apply for this condition

Criteria for referral to public hospital specialist clinic Services

- Type 2 diabetes not responding to a combination of dietary AND medical management (i.e. has tried at least three glucose-lowering medicines) with HbA1c > 64 mmol/mol or 8%
- Patients with type 2 diabetes with complications (e.g. cardiovascular disease, **kidney disease*,** retinopathy, cerebral vascular disease, neuropathy)
- Planning for pregnancy
- Management of unstable glycaemic control due to concomitant use of medicines that impact on glycaemic control (e.g. corticosteroids, chemotherapy protocols)
- Assessment for commercial driver's licence
- Diagnosis of type of diabetes.

Information to be included in the referral

Information that **must** be provided

- Reason for referral.
- All medicines previously tried, duration of trial and effect
- Current and previous HbA1c results
- Known complications or comorbidities (e.g. cardiovascular disease, kidney disease, retinopathy, cerebral vascular disease, nerve damage in the lower limbs, anxiety, depression, foot ulcers)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Urea and electrolyte results
- Creatinine blood results
- Albumin to creatinine ratio (ACR) urine results
- Liver function results
- Lipid profile results.
- Functional impact of symptoms on daily activities including impact on work, study or carer role
- If the person identifies as an Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population.

Provide if available

*** Diabetes and renal disease:**

- Urine protein: creatinine ratio
- MSU (M/C/S with red blood cell morphology)
- Renal ultrasound
- Renovascular US

Continued over page

WHEN TO REFER?

Emergency

Direct to an emergency department for:

- Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting)
- Hyperosmolar hyperglycemic state
- Diabetes and severe vomiting
- Acute, severe hyperglycaemia
- Acute, severe hypoglycaemia
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot)
- Foot ulceration with absent pulses.

Immediately contact the endocrinology registrar to arrange an urgent endocrinology assessment for:

- Pregnancy in known diabetic woman
- Recent, resolved hypoglycaemia episode resulting in unconsciousness

Urgent

- Patients sent home from ED with hypo or hyperglycaemia who require rapid assessment
- Patients recently discharged from hospital with:
  - Unstable diabetes
  - Significant changes to therapy initiated during admission
- Patients recently commenced on steroid therapy causing hyperglycaemia

Routine

- Sub-optimal diabetes control
- Complications ensuing from diabetes

BACK

DIABETES

TYPE 2 DIABETES (Continued) WHEN TO REFER?

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

Vulnerable populations include:

- People from culturally and linguistically diverse backgrounds
- Older Australians
- Carers of people with chronic conditions
- People experiencing socio-economic disadvantage
- People living in remote, or rural and regional locations
- People with a disability
- People with mental illness
- People who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

- Well controlled type 2 diabetes (responding to dietary and medical management with HbA1c < 64 mmol/mol or 8%) without any complications or comorbidities
- Patients being managed with dietary measures alone.

SEMPHN Pathways

The SEMPHN Pathways are not available for this condition at time of publishing

HealthPathways

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BACK

DIABETES AND FOOT DISEASE

DIABETES-RELATED FOOT COMPLICATION

DHHS Statewide referral criteria apply for this condition

Criteria for referral to public hospital specialist clinic Services

Not applicable; patients should be referred to a multidisciplinary high-risk foot service.

Additional comments

The Summary and referral information lists the information that should be included in a referral request.

Patients with any of the following should be referred to a high-risk foot service:

- Deep ulcers (probe to tendon, joint or bone)
- Ulcers not reducing in size after 4 weeks despite appropriate treatment
- The absence of foot pulses
- Ascending cellulitis

Note: there are vascular statewide referral criteria for *High-risk foot ulcers* and *Non-healing or chronic lower leg ulcers*. If the person has been diagnosed with diabetes and another service is not available a referral to diabetes may be appropriate.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

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

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WHEN TO REFER?

Emergency

Direct to an emergency department for:

- Sepsis or acutely unwell due to foot infection
- Tissue loss with absent pulses
- Suspected acute limb ischaemia
- Rapidly deteriorating ulceration or necrosis
- Suspected infection from a foreign body in the foot
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot).

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 FOOT DISEASE

DIABETES-RELATED FOOT COMPLICATION (Cont'd)

WHEN TO REFER?

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.

SEMPHN Pathways

The SEMPHN Pathways are not available for this condition at time of publishing.

HealthPathways

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BACK

GESTATIONAL DIABETES

GESTATIONAL DIABETES

Initial GP Work Up

Presentation: Pregnant women with Gestational Diabetes

Information that **must** be provided
- Reason for referral
- Weeks gestation

Investigations
- OGTT

Additional Comments

- All women with GDM are seen usually within a week of receiving referral
- Women who have Type 1 or Type 2 diabetes please contact Endocrinology registrar for urgent appointment
- Please contact Endocrinology registrar if suspected new diagnosis of Type 1 or Type 2 diabetes in pregnancy

Management Options for GP

- Consider DNE and dietician review for patients

WHEN TO REFER?

Immediately contact the endocrinology registrar to arrange an urgent endocrinology assessment for:
- New diagnosis of type 1 or type 2 diabetes in pregnancy
- Pregnancy in a woman with known diabetes

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