

First 24 hours

First Week

First Year

Ongoing Care

Presentation with typical symptoms of type 1 diabetes or suspicion of type 1 diabetes (See appendix 1 for typical symptoms of type 1 diabetes)  
Perform point of care capillary glucose and ketones (but do not delay immediate telephone referral if not available)

Immediate referral to diabetes specialist services. Urgency for services to see within 24 hours if well and no ketones. At weekend admission may be needed if no specialist team available. Immediate admission if unwell or positive ketones

Unwell or positive ketones?

Within 24 hours to be seen by specialist type 1 diabetes team to confirm diagnosis and commence MDI insulin or specialist admission team if not available

Admit to hospital as emergency

DKA present?

Confirm diagnosis and commence MDI insulin

DKA pathway

**Entering the pathway from different routes may occur, for example those with LADA (Latent Autoimmune Diabetes in Adults), those with an uncertain initial diagnosis or those diagnosed with type 1 diabetes in pregnancy.**

Uncertain diagnosis pathway or Latent Autoimmune Diabetes in Adults or diabetes following pancreatic disease such as pancreatitis or surgery:

- Some people may present with diabetes and it may not be possible to know the type of diabetes immediately.
- Clinical indicators that this may be type 1 diabetes include marked symptoms such as polyuria, polydipsia and weight loss, younger age, leaner body mass, inability to control glucose levels using type 2 diabetes treatment strategy, continued weight loss if glucose is in target.
- It is important to keep these people safe while investigations are ongoing. As a minimum they should be checking blood glucose and have the ability to check blood ketones. They should have clear knowledge when and where to seek help if unwell or raised ketones.
- Such investigations may include checking antibodies such as anti-GAD antibody or islet cell antibodies, use of MODY calculator, C peptide levels, pancreatic imaging.

Initial Education (to start within 48 hours but some aspects may be over the course of a 2-week period. To be given at the pace and language needed by an individual, some aspects may need to be spread over a longer time period and be repeated as necessary)

Consultation with ward dietitian in first 2 days (if inpatient) and specialist dietitian within 1 week  
Diabetes UK: <https://www.diabetes.org.uk/type-1-diabetes>  
Pocket Medic: <http://www.pocketmedic.com/type1>  
JDRF: <https://jdrf.org.uk/information-support/newly-diagnosed/>

**Initial Testing:**

- HbA1c at diagnosis
- Antibody tests as appropriate such as anti-GAD, islet cell antibodies
- Renal function
- Liver function
- Lipids
- Thyroid function tests
- Anti TTG / coeliac disease screen
- Blood pressure
- Body mass index, weight and height
- Monogenic diabetes calculator as appropriate
- Refer to retinal screening service

Ongoing on letter to primary care with insulin type, pen type, needle types with amount per month needed on repeat prescription, glucose strips, ketone strips to the compatible meter issued, rescue glucose strips if using flash (e.g. 50 strips per 90 days), flash glucose sensor requirement and glucagon prescription.

3 monthly check and review of HbA1c target. (target usually < 48mmol/mol unless other reason)

Access to support in person, by telephone, by video link, by e mail as needed

Introduction to carbohydrate counting by 1 month

Offer DAFNE Course at 6 months (To be delivered within 1 year)

Offer EXTOD if appropriate

Offer people with diabetes and families an opportunity to participate in research, particularly trials on beta cell preservation. Note that for inclusion a person often must be within 6 weeks of diagnosis. A useful resource is [www.type1diabetesresearch.org.uk](http://www.type1diabetesresearch.org.uk)

Time in range (3.9 to 10 mmol/l) >70%, time below range < 4%

Access to downloadable glucose monitoring/flash glucose monitoring/continuous glucose monitoring

Access to technology as per technology pathway

Psychological support as per pathway

Screen for complications: Retinal screening, foot screening, albumin creatinine ratio, BP, BMI & weight, renal function, lipids and smoking status these checks may be performed in primary care or secondary care but it must be clear to the person with diabetes where they will be done

**Escalation policy when HbA1c above target:**

- Consider increased support ( DSN, Specialist Dietitian, medical, psychology, youth worker)
- Consider increased education
- Consider further technology (See technology pathway)
- Assess diabetes distress
- MDT discussion

Those aged 16 – 25 to be seen in a dedicated clinic

Preconception counselling

Addition of metformin as per guidance

Gold score/ Clarke score

For those who become disengaged, attempt service re-engagement and consider service provision in a different setting. E.G: primary care, community diabetes team

Review of ongoing education needs

Access to support in person, by telephone, by video, by e-mail or other media as needed

Review of psychological support as per pathway

EXTOD course if appropriate

Advise appropriate immunisations

Pregnancy planning discussions and action (See pathway)

- Access to downloadable glucose monitoring/ flash glucose monitoring

Access to technology as per technology pathway

Review of HbA1c target (usually <48mmol/mol unless other reason) at intervals determined by level of HbA1c and consistency (3 to 4 monthly)

Time in range (3.9 to 10 mmol/l) >70%, time below range < 4%

GOLD and Clarke score and hypoglycaemia management

Check injection sites and technique as appropriate

Check for erectile dysfunction or sexual dysfunction

For those who become disengaged with specialist services, attempt service re-engagement and consider service provision in a different setting. E.g Primary care.

Liaise with other care providers as appropriate. E.g.: nephrology, psychiatry.

Sign-post to peer support and mentorship resources (E.G Diabetes UK, JDRF, All Wales Patient Reference group.) Appropriate governance should be in place for mentorship and peer support.

Consider nutritional status, and other conditions. E.G Frailty

Screen for complications: retinal screening, foot screening and education, albumin creatinine ratio, BP, BMI and weight, renal function, lipids and smoking status. Manage as appropriate. (See pathways)

Ensure access to equipment and support resources: E.g.: updated pens, updated pumps.

- An explanation of what is type 1 diabetes and what causes it

- The need to start on Multiple Dose Injections of insulin therapy

- An explanation of how insulin works and why it is needed, how often it needs to be injected and rotation of injection sites.

- Support available to help e.g. Diabetes Specialist Nurse (DSN), Consultant, Dietitian, Pharmacist, GP, podiatry psychological support, mentorship and peer support.

- An explanation that insulin requirements will vary, and may be reduced in the first months (the so-called honeymoon period)

- Self-management courses will be arranged & as part of type 1 diabetes treatment plan

- A demonstration of how to perform an insulin injection, including preparation, technique and storage of equipment including safe disposal of sharps

- Demonstration of blood glucose testing, how to use/care of meter (such as performing quality control measurements); when and how to test, record keeping and disposal of sharps.

- Provide Flash Glucose Monitoring and links to online training resources

- Discussion of hypoglycaemia signs, symptoms, management and avoidance

- Discussion of hyperglycaemia signs, symptoms, management and ketone testing, sick day rules.

- Written information to support the above discussion and demonstration (see appendix 2 for examples of new type 1 diabetes pack)

- Contact details of who to contact for help, when to call for help

- How to obtain relevant supplies (medications, injection equipment, sensors, sharps boxes etc)

- Sign-post to peer support and mentorship resources (Diabetes UK and All Wales Patient Reference Group)

- Provide the Talking Type 1 Newly Diagnosed workbook

- Support in school or university situation as needed (including education of staff)

- Support in employment as needed

- A discussion of driving rules and DVLA guidance including notification of the DVLA and insurance company

- Education of family and carers as appropriate

- Discussion of any imminent pregnancy plans

- Discussion of exercise support needed

- Discussion of managing alcohol ingestion and 'nights out'

- Provision of support resources such as Diabetes UK contacts, peer support groups and access to mentorship: <https://jdrf.org.uk/information-support/newly-diagnosed/>

- Offer access to research programmes and an opportunity to discuss participation.

- Provide links to resources such as Pocketmedic films and Apps such as Digibete App

- Smoker status and consider cessation

- Discuss management during fasting e.g Ramadan

- Flag any associated psychological issues such as eating disorders, autism spectrum disorder, learning disability to psychology team and liaise with other providers of care

- Liaise with other relevant professionals such as primary care and other care providers

- Individualised support in particular circumstances (prisons, cared for situations, homeless, refugee)

- Information on immunisations

- Information on travel

Key

First 24 Hours

DKA Pathway

Initial Education

First Week

First Year

Escalation Policy

Ongoing Care