## **Health** PEI

## **Provincial Diabetes Program Referral**

\*\* Please note Diabetes Educators cannot order labs or adjust medications without having orders\*\*

☐ New diagnosis ☐ Re-referral ☐ Change of treatme	Date:						
☐ Insulin Start ☐ Other							
Name:		PHN:					
(last) (first)	(initial)						
Mailing Address:		☐ Male ☐ Identify another way					
		☐ Female ☐ Undisclosed					
	(postal code)	☐ Preconception/Pregnant					
Telephone:		Date of Birth: ( )					
(home) (work)	(cell)	dd/ mm/ yy Age					
Contact Person:		Individual informed of referral? ☐No☐Yes					
Referred by:							
☐ Family Physician/NP ☐ Physician Specialist ☐ Self ☐ Other (name) (title)							
Type of Diabetes: (** See page 2 for Diagnostic Criteria**)  Date of Diagnosis:							
☐ Type 1 ☐ Type 2 ☐ Prediabetes ☐ Gestational DM ☐ Other:							
Diagnostic Laboratory Testing: Please attach recent laboratory testing to referral.							
** All referrals MUST have recent laborate	, .						
Including but not limited to: A1C, Random Glucose, Lipids, Creatinine, eGFR, Urine ACR							
Current Treatment: ☐ Nutrition Management ☐ Physical Activity ☐ Diabetes Medications: (Please List / attach list)							
Current Treatment. — Nutrition Management — Physical Activity — Diabetes Medications. (Please List / attachnist)							
Additional Information/ Other Medications:							
Problems that may affect learning: \(\Pi\) Language harrie	ar: nrimary language	: Physical disability					
Problems that may affect learning: ☐ Language barrier: primary language: ☐ Physical disability ☐ Mental health concerns ☐ Literacy ☐ Unsuitable for group education-Reason:							
Due to financial/social/emotional problems and/or attitude towards diabetes, this person would benefit from psychosocial counselling							
Referral Sent by:							
(print name) (s	ignature)						

Forward a copy of this referral via fax or mail to the following: (Original to remain on patient's chart at referral source)

- Provincial Diabetes Program for diabetes education and support (see below for contact information)
- Primary Care Provider Office (where applicable)

Complete and submit the Diabetes Drug Program Application to Pharmacare available from PEI Pharmacare (also available on CHR): https://www.princeedwardisland.ca/sites/default/files/forms/diabetes\_referral\_form.pdf

East Prince Diabetes Program Harbourside Family **Health Centre** 243 Heather Moyse Drive Summerside PE C1N 5R1 Tel: 902-432-2600 Fax: 902-432-2610

West Prince Diabetes Program O'Leary Health Center 15 MacKinnon Drive O'Leary, PE COB 1VO Tel: 902-726-1410

Fax: 902-859-3922

Queens Diabetes Program Sherwood Medical Centre 15 Brackley Point Road Charlottetown, PE C1A 6Y1 Tel: 902-569-7562 Fax: 902-368-6936

Queens Specialty Diabees Program **Sherwood Business Centre** 161 St. Peters Road

Charlottetown, PE C1A 7N8 Tel: 902-368-4959 Fax: 902-894-0321

Kings Diabetes Program Montague Health Centre PO Box 877 407 Madntyre Avenue Montague, PE COA 1RO Tel: 902-838-0787

Fax: 902-838-0986

## **Diagnosis of Diabetes**

- 1. Symptoms of diabetes plus "random" plasma glucose  $\geq$  11.1mmol/L. The classic symptoms of diabetes include fatigue, polyuria, polydipsia, and unexplained weight loss **OR**
- 2. A fasting plasma glucose (FPG) > 7.0mmol/L OR
- 3. The PG value in the 2-hour sample of the 75g OGTT is > 11.1mmol/L OR
- 4. A1C > 6.5%

<u>Confirmatory Test:</u> In the absence of unequivocal hyperglycemia with acute symptoms, values above these criteria must be confirmed by a second test on a different day.

Glucose levels for diagnosis:

Category	A1C	FPG mmol/L	PG 1h after75g OGTT	PG 2h after 75g OGTT
			mmol/L	mmol/L
Prediabetes	6-6.4%	6.1-6.9 (IFG)	N/A	7.8-11.0 (IGT)
Diabetes Mellitus (DM)	≥ 6.5% (Type 2)	<u>≥</u> 7	N/A	<u>≥</u> 11.1
Gestational Diabetes (GDM) *		≥ 5.3	≥ 10.6	≥ 9.0

Gestational Diabetes (GDM)-Screen at 24 to 28 weeks gestation with a 50g oral glucose challenge (earlier in high risk patients). Include A1C at first antenatal visit for high risk patient to identify undiagnosed type 2 diabetes

- If ≥ 11.1mmol/L, GDM is present and the 75g OGTT is unnecessary
- If 7.8-11.0 mmol/L, a 75g OGTT is recommended

If one of the following values is met or exceeded (with a 75g OGTT), GDM is present:

- o FPG ≥ 5.3
- $\circ$  1h PG  $\geq$  10.6
- $\circ$  2h PG  $\geq$  9.0

## **Targets for Good Diabetes Control**

Glycated Hemoglobin (HbA1c): Measure every 3 to 6 months, preferably every 3 months if not at target. Target for most patients:  $\leq 7.0\%$  Alternate target (consider for patients who can safely achieve)  $\leq 6.5\%$ 

Glycemic targets should be individualized based on age, duration of diabetes, risk of hypoglycemia, life expectancy and history of cardiovascular disease.

Blood glucose: Optimal glucose control in adults and children over age 12

- Fasting or AC 4-7mmol/L
- 1- or 2-hour PC 5-10 mmol/L (5-8 mmol/L for optimal control)

Lipids: Measure fasting at diagnosis and repeat every 1 to 3 years as clinically indicated Primary target: LDL-C  $\leq$  2.0mmol/L

ECG at baseline and every 2 years in patients:

• Age > 40 years • Duration of diabetes >15 years and age > 30 years. • End organ damage • Cardiac risk factors

Blood pressure: Measure at diagnosis and every 3 to 4 months thereafter unless otherwise indicated

• BP in people with DM <130/80

Screening for Diabetic Nephropathy using a random urine albumin to creatinine ratio

- Type 1 diabetes annually after puberty in those with diabetes of ≥ 5 years duration
- Type 2 diabetes at diagnosis and then annually
- Serum creatinine levels (should be measured) and a GFR annually in those patients with diabetes without albuminuria and at least every 6 months in those with albuminuria

Annual foot examination for all people with diabetes, starting at puberty. Those at higher risk for foot problems (previous ulceration, neuropathy, structural deformity, peripheral vascular disease and/or microvascular complications) may require more frequent foot examinations.

- Type 1 diabetes annually after 5 years duration of Type 1 in post-pubertal individuals
- Type 2 diabetes annually

Retinal Eye examination

- Type 1 diabetes annually 5 years after the onset of diabetes in individuals > 15 years of age
- Type 2 diabetes at diagnosis and then every 1 to 2 years

References: Diabetes Canada Clinical Practice Guideline 2018