

Provincial Diabetes Program Referral

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

[illegible]

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

- 1) Provincial Diabetes Program for diabetes education and support (see below for contact information)
- 2) 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	West Prince Diabetes Program	Queens Diabetes Program	Queens Specialty Diabees Program	Kings Diabetes Program
Harbourside Family	O'Leary Health Center	Sherwood Medical Centre	Sherwood Business Centre	Montague Health Centre PO
Health Centre	15 MacKinnon Drive	15 Brackley Point Road	161 St. Peters Road	Box 877
243 Heather Moyse Drive	O'Leary, PE C0B 1V0	Charlottetown, PE C1A 6Y1	Charlottetown, PE C1A 7N8	407 McIntyre Avenue
Summerside PE C1N 5R1	Tel: 902-726-1410	Tel: 902-569-7562	Tel: 902-368-4959	Montague, PE COA 1R0
Tel: 902-432-2600	Fax: 902-859-3922	Fax: 902-368-6936	Fax: 902-894-0321	Tel: 902-838-0787
Fax: 902-432-2610				Fax: 902-838-0986

Diagnosis of Diabetes

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

Confirmatory Test: 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 after 75g OGTT mmol/L	PG 2h after 75g OGTT mmol/L
Prediabetes	6-6.4%	6.1-6.9 (IFG)	N/A	7.8-11.0 (IGT)
Diabetes Mellitus (DM)	$\geq 6.5\%$ (Type 2)	≥ 7	N/A	≥ 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 ≥ 11.1 mmol/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:

- FPG ≥ 5.3
- 1h PG ≥ 10.6
- 2h PG ≥ 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 4-7 mmol/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 ≤ 2.0 mmol/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