**Health PEI**

# Referral
# Provincial Diabetes Program

Reason for referral to the Provincial Diabetes Program:

☐ New diagnosis ☐ Re-referral ☐ Change of treatment ☐ Insulin Start

Date

PHN

Name *(last)* *(first)* *(initial)*

☐ Male ☐ Female ☐ Pregnant

Mailing Address *(postal code)*

Date of Birth __ __ __ ( ) dd / mm / yy Age

Telephone *(home)* *(work)* *(cell)*

Individual informed of referral ☐ No ☐ Yes

Contact Person

Family Physician/NP

Referred by:
☐ Family Physician/NP ☐ Physician Specialist ☐ Self ☐ Other *(name)*________________ *(title)*________

**Type of diabetes** (see back for diagnostic criteria)

☐ Type 1 ☐ Type 2
Symptoms of diabetes + casual plasma glucose (PG) value ≥ 11.1 mmol/L **OR** two fasting plasma glucose (FPG) ≥ 7.0 mmol/L **OR** PG 2hr sample of 75g OGTT ≥ 11.1 mmol/L **OR** AIC ≥ 6.5% (type 2 only)*.
*In the absence of unequivocal hyperglycemia with acute symptoms, a **second test on a different day** must be done for confirmation of diagnosis.

☐ Prediabetes (see back for diagnostic criteria)
☐ GDM (50g OGTT ≥ 11.1) (see back for diagnostic criteria explanation)
☐ Other ____________________

**Current Treatment**

☐ Nutritional management

☐ Physical activity

☐ Oral agent(s)/injectable (drug, strength, dosing/frequency)

☐ Insulin (type/frequency)

☐ Other Medications

**Diagnostic Laboratory testing**

Fasting glucose ______ mmol/L
Random glucose ______ mmol/L
AIC ______ %

**Confirmatory test: (2nd test on a different day)**

Fasting glucose ______ mmol/L
Random glucose ______ mmol/L
AIC ______ %

Glucose tolerance test: ______ g

**Glucose**
1 hour ______ mmol/L
2 hour ______ mmol/L

**Recommended clinical tests/screening:**
(Indicate if completed)

| Test | | |
|---|---|---|
| A1c | ☐ Yes | ☐ No |
| Fasting lipid profile | ☐ Yes | ☐ No |
| Creatinine | ☐ Yes | ☐ No |
| Urine microalbumin (i.e. ACR) | ☐ Yes | ☐ No |
| Retinopathy screen | ☐ Yes | ☐ No |
| Resting ECG, if > 40 yrs of age or diabetes duration > 15 yrs | ☐ Yes | ☐ No |
| TSH (Type 1 diabetes) | ☐ Yes | ☐ No |
| ALT, CK (for statin therapy) | ☐ Yes | ☐ No |

**Problems that may affect learning:** ☐ language barrier: primary language _________________________ ☐ physically challenged
☐ mentally challenged ☐ literacy ☐ unsuitable for group education – Reason: _______________________
☐ due to financial/social/emotional problems and/or attitude towards diabetes, this person would benefit from psychosocial counselling

Date of diagnosis ________

*Referral sent by:*
______________________________ ______________________________
*(print name)* *(signature)*

**Forward a copy of this referral via fax or mail to the following:**

1) Provincial Diabetes Program for diabetes education and support (location of patient's choice), see below for contact information
2) Family physician's/NP office (where applicable)

**Original copy to remain on patient's chart at referral source**

| East Prince Diabetes Program | West Prince Diabetes Program | Queens West Diabetes Program | Queens East Diabetes Program | Kings Diabetes Program |
|---|---|---|---|---|
| Harbourside Family Health Centre<br>243 Heather Moyse Drive<br>Summerside, PE C1N 5R1<br>Tel: 902-432-2600<br>Fax: 902-432-2610 | O'Leary Health Center<br>15 MacKinnon Drive<br>O'Leary, PE C0B 1V0<br>Tel: 902-859-0388<br>Fax: 902-859-3922 | Four Neighbourhoods Health Centre<br>152 St. Peters Road<br>Charlottetown, PE C1A 7N8<br>Tel: 902-569-7562<br>Fax: 902-368-6936 | Sherwood Business Centre<br>161 St. Peters Road<br>Charlottetown, PE C1A 7N8<br>Tel: 902-368-4959<br>Fax: 902-894-0321 | Montague Health Centre<br>PO Box 877<br>407 MacIntyre Avenue<br>Montague, PE C0A 1R0<br>Tel: 902-838-0787<br>Fax: 902-838-0986 |

## Diagnosis of Diabetes

1. Symptoms of diabetes plus "casual" plasma glucose (PG) value ≥ 11.1 mmol/L. Casual is defined as any time of the day without regard to time since last meal. The classic symptoms of diabetes include fatigue, polyuria, polydipsia, and unexplained weight loss.

   **OR**

2. A fasting plasma glucose (FPG) ≥ 7.0 mmol/L. Fasting is defined as no calorie intake for at least 8 hours.

   **OR**

3. The PG value in the 2-hour sample of the 75g OGTT is ≥ 11.1 mmol/L.

   **OR**

4. AIC ≥ 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 | AIC | FPG mmol/L | PG 1 hr after 75g glucose load mmol/L | PG 2 hr after 75 g glucose load, mmol/L |
|---|---|---|---|---|
| Prediabetes | **6.0 - 6.4%** | 6.1-6.9 **(IFG)** | N/A | 7.8-11.0 (IGT) |
| Diabetes Mellitus (DM) | ≥ 6.5% (type 2) | ≥7 | N/A | ≥11.1 |
| Gestational Diabetes (GDM)* | | ≥5.3 | ≥10.6 | ≥ 9.0 |

*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 patients 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
- 1 hr PG≥10.6
- 2 hr 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: ≤ 7.0%
Alternate target (consider for patients in whom it can be achieved safely) ≤ 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 ≤ 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:*** Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. 2018).