

Diabetes Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of diabetes conditions. Patients are triaged by Consultant Endocrinologists into one of the following pathways:

1. **Diabetes Clinic (Type 1 & 2 diabetes) [SDIAB]**
2. **Rapid Access Clinic**

Please refer:

- Patients with gestational diabetes please add relevant information to [Maternity referral](#).
- Patients with diabetes aged under 25 to **Paediatrics - YADS Clinic**
- Patients on insulin pumps to the [Insulin Pump Clinic](#)
- Patients with a diabetic foot ulcer present for more than 4 weeks to the [Diabetes Foot Service](#)

Conditions not seen at Western Health:

The following conditions, in the absence of alarm symptoms, are not seen by Endocrinologist specialists at Western Health:

- Uncomplicated Type 2 diabetes where HbA1c is less than 8% (64 mmol/mol) - the majority of these patients are most appropriately managed in primary care ([hyperlink to RACGP diabetes guidelines](#)). Discuss exceptions with the Endocrinology Registrar (page through Western Health switchboard: 8345 6666). No HbA1c threshold applies to patients with an EGFR <30 mL/min/1.73m²
- Patients with HbA1c 8.0% (64 mmol/mol) or higher but appropriate for their age and /or comorbidities (e.g. elderly patients, asymptomatic patients with limited life expectancy)
- Patients managed by an endocrinologist at another public health service or privately, unless special circumstances exist (e.g. patient has changed address and is now at significant distance from the previous service)
- Patients without diabetes (e.g. insulin resistance, pre-diabetes, polycystic ovarian syndrome, obesity)
- Patients discharged from Western Health Diabetes Clinic or another Diabetes Clinic in the last 12 months, unless they have developed new symptoms, new/worsening complications, or a rise in HbA1c greater than 1.0% (8 mmol/mol) which has not responded to escalation in primary care management.

* If your patient has a HbA1c rise since discharge, please consider lifestyle measures review and medication changes, including commencement or change in dose of insulin. The Endocrinology Registrar is contactable for advice.

Alarm Symptoms:

The following alarm symptoms should trigger an immediate referral to an **Emergency Department**:

- Suspicion of diabetic ketoacidosis (DKA) e.g. abdominal pain, nausea and vomiting, dehydration, significantly elevated ketones:
- Hypoglycaemia resulting in unconsciousness
- Infected diabetic foot ulcer
- Acute deterioration in vision

Call Endocrinology Registrar to discuss (03 8345 6666 and page)

- Newly diagnosed/suspected Type 1 diabetes (not in DKA)
- Blood glucose greater than 20 mmol/L, or repeatedly over 15 mmol/L

Access & Referral Priority Diabetes:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT

Appointment timeframe 30 days

- Recently diagnosed Type 1 diabetes (already started insulin therapy – phone call to Endocrine Registrar should be made **8345 6666 and page**)
- Patients with Type 1 diabetes and HbA1c above 10%
- Symptomatic Type 2 diabetes despite recommended diabetes management ([hyperlink to RACGP diabetes guidelines/health pathways](#))
- History of hypoglycaemia requiring assistance of another person or repeated symptomatic hypoglycaemia
- Surgery planned at Western Health (or Western Health patient with planned cardiac or neurosurgery at a Victorian public hospital) in the next 6 months with HbA1c above 9%.
- Patients discharged from inpatient care in previous 4 weeks, with unstable blood sugar levels.

ROUTINE

Appointment timeframe greater than 30 days, depending on clinical need.

- Patients with Type 1 diabetes and HbA1c less than 10% (86 mmol/mol)
- Patients with Type 1 or 2 diabetes transitioning from a Young Adult Diabetes Service
- Patients with Type 2 diabetes with suboptimal control, with or without complications (HbA1c above 8.0% (64 mmol/mol) in most cases, a higher HbA1c may be acceptable if elderly or limited life expectancy)

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to outpatients, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Clinical Investigations:	Useful additional information for Western Health:
<p>Diabetes</p>	<ul style="list-style-type: none"> • HbA1c • Urea & Electrolytes including Creatinine • Urine albumin:creatinine ratio • Lipid profile (fasting for external referrals, non-fasting acceptable for internal referrals with patient stay <24 hours) • List of all current medications and doses <p>External referral: must be included with referral</p> <p>Internal referral: must be completed with referral or pending on Bossnet/EMR)</p> <p>Please note that referrals without this information will be declined.</p>	<ul style="list-style-type: none"> • Details of macrovascular (IHD, stroke, PVD) and microvascular complications (e.g. neuropathy, retinopathy) • Details of most recent eye review • Contact details of diabetes educator and other specialists (e.g. cardiologist, nephrologist)