

Admission for urgent or major elective surgical procedure

- Acute coronary syndrome
- Diabetic ketoacidosis / hyperosmolar / hyperglycaemic state
- Severe hypoglycaemia
- Newly diagnosed type 1 diabetes
- Newly diagnosed type 2 diabetes
- Intravenous insulins infusion with glucose outside limits
- Previous problems with diabetes as inpatient
- Intravenous insulins infusion for over 48 hours
- Impaired consciousness
- Unable to self manage
- Parenteral or enteral nutrition
- Foot ulceration
- Sepsis
- Vomiting
- Patient request



**Always
Refer**



**Patient
Assessment
Tool**

Referral to diabetes team may be required

- Significant educational need
- Intravenous insulin infusion with good glucose control
- Nil by mouth more than 24 hours post surgery
- Persistent hyperglycaemia
- Possible type 2 diabetes
- Stress hyperglycaemia
- Poor wound healing
- Steroid therapy



**Sometimes
Refer**

Referral to diabetes team not normally required

- Minor, self treated hypoglycaemia
- Transient hyperglycaemia
- Simple educational need
- Routine dietetic advice
- Well controlled diabetes
- Good self management skills
- Routine diabetes care



**Rarely
Refer**

This assessment tool is intended to provide ward staff with guidance as to when a patient requires input from the specialist diabetes team. These are not hard and fast criteria, and staff should always use their professional judgement in making referrals about individual patients.

Review status on a daily basis. If in doubt, contact the diabetes team.

Remember: All patients should have their blood glucose measured on admission.