Newly Diagnosed Patients: Timeline for First Year of Care

At Diagnosis:
Communicating what diabetes is at diagnosis guide

Patient centred sessions

1. Explanation of diabetes & treatment*
2. Practical skills*
3. Food & diabetes*
4. CHO awareness & activity
5. Glucose targets & hypo management*
6. Diabetes at home & school
7. Diabetes during illness
8. Preparing for home

*** Essential prior to discharge (minimum admission time 48 hours)**
Patients/families may be invited to diabetes centre to complete essential education.

1 month: OPA
- Check email address
- Discuss data review & support
- Invite to newly diagnosed groups
- Emotional support resources
- Digibete app
- Goals of Diabetes introduction
- Review of blood results
- Explanation of routine diabetes care/annual review/retinal screening/HbA1c/clinic targets

4-6 Weeks:
Psychology Contact

3 months: OPA
- Top 10 Tips leaflet provided with explanation (email if necessary)
- Encourage CYP/families to identify 2 relevant Goals of Diabetes

4-5 Months Nurse led appt:
- Data review & support
- Review use of Top 10 Tips

Diabetes Targets:
- HbA1c ≤ 48mmol/mol (by 6 months & maintained)
- Average 14 day glucose < 8mmol/l
- SD < 3.0
- Time in range (4-10mmol/L) 70%
- To discuss each clinic & consider options to facilitate target achievement
  1. Pump/sensor/bolus calculator use
  2. Newly diagnosed group invite
  3. Psychology/YW/Play Specialist
  4. Promote regular data review
  5. Extra appointments/referrals (e.g. social care/psychology)
  6. Injection & infusion sites
  7. Early help referral

Celebrate successful behaviours! (not specifically achieving targets)

Inpatient Stay

Outpatient Care: 'How Can The Team Help?', 'What Is Going Well?', 'What Are The Challenges?'

Prior to Discharge (Diabetes Team)
- Family provided with copy of Living With Diabetes resource
- Ensure written diary given to family
- Check biographical details & DMS update
- Check family email address
- Complete 'Looking After Diabetes in First 2 Weeks' schedule
- Signpost to Digibete app & website
- Signpost emotional resources (JDRF, MindMate, DUK)
- Add to Action Log
- Admin to book 3 x 1 month MDT appts

First 2 Weeks At Home
- **Day 1-2:** Face to face nurse contact at diabetes centre
- Telephone contacts by named nurse & dietitian
- **Day 10-14:** Joint DSN/Dietitian review (face to face or remote)
- Electronic or written data review
- Introduction to data review & support
- School care plan completion
- Sensor consideration

2 months: OPA
- Include psychology +/- YW
- Encourage CYP/families to identify 2 relevant Goals of Diabetes

6 months: OPA
- HbA1c > 58mmol/mol – more support/intervention required (orange box)
- Explore data review & support
- Encourage CYP/families to identify 2 relevant Goals of Diabetes

9 months: OPA
- HbA1c > 58mmol/mol – more support/intervention required (orange box)
- Explore data review & support
- Encourage CYP/families to identify 2 relevant Goals of Diabetes

12 months: OPA
- HbA1c > 58mmol/mol – more support/intervention required (orange box)
- Explore data review & support
- Encourage CYP/families to identify 2 relevant Goals of Diabetes
- Annual review
- Psychology screen
- School training update

Newly Diagnosed Groups
- ~4 per year (≤ 5 years, 6-12 years, 13-16 years, 16+ years)
- YW 13+, play specialist < 13 years
- Remote option

All patients in the first 2 years of care should be offered MDT consultations where possible. All will be offered drive through HbA1c and data uploading from devices prior to clinic. If unable to drive postal HbA1c to be offered.

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