

Diabetes Mellitus, Type 1

Developed by	The Endocrine Society (ES)
How developed	<p>The Endocrine Society utilized a task force made up of 5 members with special interest in the area of care coordination and referral process. The task force proposed the conditions for which pertinent data sets would be developed. These were then approved by the Clinical Affairs Core Committee (CACC) with oversight by a member of our Council (Board of Directors).</p> <p>The task force members were each assigned one or more of the conditions and developed the items for the PDS. The task force members reviewed these by email and by conference call, discussed as a group and modified them as needed. They were then submitted to the CACC for review and approval.</p> <p>As part of the process, the task force referred to the published guidelines on the selected conditions as well as any pertinent Choosing Wisely recommendations.</p>
Additional essential patient information	<ul style="list-style-type: none"> • HbA1c (note if newly diagnosed, can refer prior to A1c results being received) • Chemistry profile • Urine ketones or serum acetone if newly diagnosed
Additional patient information, if available	<ul style="list-style-type: none"> • Have patient bring glucose meter and/or log books • Microalbumin to creatinine ratio • CBC • HbA1c history • Lipid profile • Ophthalmology reports • TSH • TPO antibodies • Celiac disease serology • Anti- GAD antibodies • Islet cell antibodies • Insulin auto-antibodies • Fasting c-peptide levels if on Medicare • Reports on or summary of complications such as cardiovascular events/procedures, neuropathy or nephropathy test results or consultations • Blood glucose log or glucometer download on day of appointment
Alarm symptoms/conditions	<ul style="list-style-type: none"> • Newly diagnosed • Recent admission for DKA • Polydipsia, Polyuria • Rapid weight loss • Hypoglycemia unawareness • ≥ 1 episode of severe hypoglycemia (requiring the help of others) • Gastroparesis symptoms • Pregnancy
Tests/Procedures to avoid prior to consult	None provided

Diabetes Mellitus, Type 1 (continued)

Common rule-outs to consider prior to consult	None provided
Relevant "Choosing Wisely" elements	None provided
Healthcare professional and/or patient resources	<p>Healthcare Professional Information:</p> <p>https://www.aace.com/files/insulinpumpmanagement.pdf</p> <p>Continuous Glucose Monitoring https://www.endocrine.org/~media/endosociety/Files/Publications/Clinical%20Practice%20Guidelines/FINAL-Standalone-Color-CGM-Guideline.pdf</p> <p>Management of Hyperglycemia in Hospitalized Patients in Non-critical Care Setting (2012) https://www.endocrine.org/~media/endosociety/Files/Publications/Clinical%20Practice%20Guidelines/FINAL-Standalone-Management-of-Hyperglycemia-Guideline.pdf</p> <p>Additional Resources:</p> <p>http://www.diabetes.org/living-with-diabetes/treatment-and-care/medication/insulin/insulin-pumps.html</p> <p>Find an ADA education program: http://professional.diabetes.org/erp_zip_search.aspx?keymatch=Diabetes-Education</p> <p>Find an Endocrinologist: http://www.hormone.org or call 1-800-HORMONE (1-800-467-6663)</p> <p>Find a diabetes educator (American Association of Diabetes Educators): http://www.diabeteseducator.org/DiabetesEducation/Find.html</p> <p>Hormone Health Network diabetes information: http://www.hormone.org/diabetes</p> <p>National Diabetes Information Clearinghouse (National Institutes of Health-NIH): http://diabetes.niddk.nih.gov/</p> <p>The American Diabetes Association: http://www.diabetes.org</p> <p>Mayo Clinic: http://www.mayoclinic.com/health/diabetes/DS01121</p> <p>Patient Information:</p> <p>http://www.diabetes.org/diabetes-basics/type-1/</p> <p>http://jdrf.org/life-with-t1d/adult-t1d/</p> <p>Patient Fact Sheet on Type 1 Diabetes http://www.hormone.org/~media/Hormone/Files/Questions%20and%20Answers/Diabetes/FS_DIA_Type1_Diabetes_ENweb2.pdf</p>