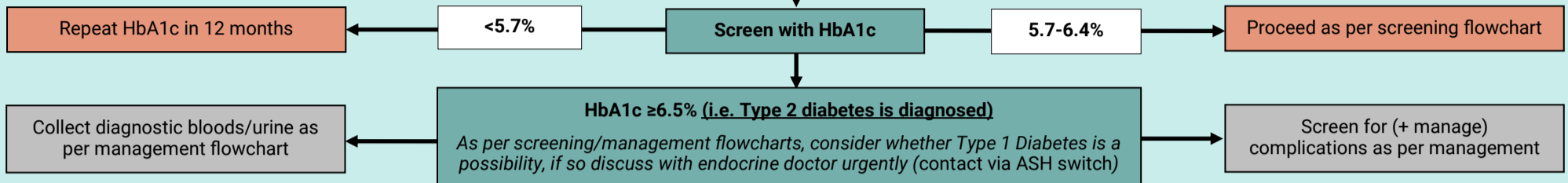


# Type 2 diabetes Referral Pathway (aged under 17 years)

# Central Australia Region

**Visit with GP / RAN / AHP**  
May occur in context of:

- Targeted screening of healthy school aged children
- Incidental diagnosis when presenting for other reasons
- Symptomatic presentation
- Screening as noted risk factors for T2D (see screening flowchart)
- Annual health check



**Collaboration between primary health care team, diabetes educators and endocrinologists**

1) Primary carer (GP, AHP, RAN, NP) start education about diet + lifestyle + start treatment as per management flowchart.

- Discern which family members need to be involved RE: diagnosis & treatment plan & invite early.
- Paediatricians + diabetes educators happy to be involved in these extended discussions to improve "buy in" from the beginning.
- Assess psychosocial factors – consider food security, timing of medications for adherence, sleep patterns, mental health, sexual health, school attendance, family structure, support from other agencies (e.g. youth workers).

2) Discuss with Paediatrician known to community and/or Paediatrician on call at ASH and/or Paediatric Endocrinologist (need discussion within 2-5 days if HbA1c ≥ 8.5% at diagnosis).

