

## REFERRAL GUIDE

### Diabetes (General Medicine)

[Diabetes](#) specialises in the Type 2 Diabetes

## Clinical Lead

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## How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral**.

All new referrals are processed by the Bayside Health - Regional Care Group (Bass Coast) Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health – Regional Care Group can be sent via email ([Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au))

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to [Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au)

### Relevant referral form

[Outpatient specialist clinic referral \(MR-309\)](#)

### Referrer guidance

Clinically recommended guidance for referrers is available through [Gippsland Pathways](#).

## Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet**;

- [Minimal Referral Criteria](#)
- [State-wide Referral Criteria](#) (where applicable),
- Local Bass Coast service eligibility
- [Anaesthesia and Surgical Services – Patient Suitability Framework](#)

Please note, the [Managing referrals to non-admitted specialist services policy](#) states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

## Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

## Priority

### EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

### URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

### ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

## Safety risk screening



### RED FLAG CONDITIONS

### EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

- Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, Confusion, nausea and vomiting, raised ketones)
- Hyperosmolar hyperglycaemic state
- Diabetes and severe vomiting
- Acute, severe hyperglycaemia
- Acute, severe hypoglycaemia
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot) with absent pulses.
- Acute deterioration in vision

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## Procedures/Conditions seen at Bayside Health – Regional Care group (Bass Coast)

- [Type 2 Diabetes](#)
- [Undifferentiated Diabetes](#)

## Exclusions

The following conditions / procedures are not routinely seen at Bayside Health  
- Regional Care Group (Bass Coast)

- New diagnosis of type 1 diabetes
- Type 1 diabetes with continuous Insulin Infusion
- Gestational Diabetes – refer to Diabetes Educator
- Recent, resolved hypoglycaemia episode resulting in unconsciousness.
- Under 18 years - Refer to [Peninsula Health](#)

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### Type 2 Diabetes; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

#### When to refer

- Type 2 diabetes not responding to a combination of dietary AND medical management (i.e. has tried at least three glucose-lowering medicines) with HbA1c greater than 64 millimoles per mole or 8 percent
- Patients with type 2 diabetes with complications (e.g. cardiovascular disease, kidney disease, retinopathy, cerebral vascular disease, neuropathy)
- Planning for pregnancy
- Management of unstable glycaemic control due to concomitant use of medicines that impact on glycaemic control (e.g. corticosteroids, chemotherapy protocols)
- Assessment for commercial driver's licence
- Diagnosis of type of diabetes

#### Additional Information to be included

- [Minimal Referral Criteria](#)
  - Reason for referral.
  - All medicines previously tried, duration of trial and effect.
  - Current and previous HbA1c results
  - Known complications or comorbidities (e.g. cardiovascular disease, kidney disease, retinopathy, cerebral vascular disease, nerve damage in the lower limbs, anxiety, depression, foot ulcers)
  - Current and complete medication history (including non-prescription medicines, herbs and supplements)
  - FBE & Urea and electrolyte results
  - Creatinine blood results
  - Albumin to creatinine ratio (ACR) urine results
  - Liver function results
  - Lipid profile results.
  - Functional impact of symptoms on daily activities including impact on work, study or carer role

If the person is part of a vulnerable population

**EMERGENCY**

- [Refer to RED flag conditions](#)

**URGENT**

- New patient with T2DM diagnosed with HbA1c > 10% or Any HbA1c between 6.5% and 10% + CKD 3 and above

**ROUTINE**

- All other routine

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### Undifferentiated Diabetes ; seen at Bayside Health – Regional Care group (Bass Coast)

[State-wide Referral Criteria](#) **DOES** apply to this condition.

#### When to refer

Undifferentiated - diabetes still under investigation to determine the type and the cause and if GP needs help with that, they can refer for Diagnosis purpose

#### Additional Information to be included

- [Minimal Referral Criteria](#)
- Reason for referral.
- All medicines previously tried, duration of trial and effect.
- Current and previous HbA1c results
- Known complications or comorbidities (e.g. cardiovascular disease, kidney disease, retinopathy, cerebral vascular disease, nerve damage in the lower limbs, anxiety, depression, foot ulcers)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- FBE & Urea and electrolyte results
- Creatinine blood results
- Albumin to creatinine ratio (ACR) urine results
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- [Refer to RED flag conditions](#)

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- New patient with T2DM diagnosed with HbA1c > 10% or Any HbA1c between 6.5% and 10% + CKD 3 and above

#### ROUTINE

- All other routine