

## **RACH PAEDIATRIC DIABETES HIGH HbA1c PROTOCOL**

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Approved by the Children and Young Person's South East Coast and London Diabetes Network

**Based on NICE Diabetes (type 1 and type 2) in Children and Young People: Diagnosis and Management 2015.**

The C&YPD team have an agreed high HbA1c protocol that details three different pathways depending on HbA1c measurements. This is based on the new NICE guideline for HbA1c targets and monitoring for children and young people with type 1 diabetes. This is a general guidance that is individualised for each patient according to their needs; specific complex cases may need different management plans.

Explain to children and young people with type 1 diabetes and their family members or carers (as appropriate) that an HbA1c target level of 48 mmol/mol (6.5%) or lower is ideal to minimise the risk of long-term complications. **[NICE guidance 2015]**

### **Common to all steps in high HbA1C protocol:**

- **Achievable, realistic goals**
- **Individualised plan of care**
- **No blame, sensitive approach**
- **Work in partnership**

**HbA1c 49-58 mmol/mol (6.6 – 7.5%) x 2 consecutive occasions:**

Consider one or more of these following actions as appropriate until there is an improvement in HbA1C

- 3 monthly MDT clinic
- Family to download data from glucose meter to Diasend software at home every 4 weeks and liaise with MDT team through team email
- Encourage family and patient to do X5 blood glucose tests per day
- Encourage family and patient to be proactive in making insulin changes to improve diabetes control in between clinic appointments and prompted by data analysis via Diasend
- Encourage family and patient to apply carb counting principles accurately
- If improvement in HbA1C x2 consecutive occasions, remove from High HbA1C pathway

**HbA1c 60-69 mmol/mol (7.6 – 8.5%) x 2 consecutive occasions:**

Consider one or more of these following actions as appropriate until there is an improvement in HbA1C

- Additional Diabetes Specialist Nurse review
- Additional Dietician review
- 4 weekly phone contact
- Liaise with school
- Review insulin management
- Assess Psychological needs and provide additional support where needed

**HbA1c >69 mmol/mol (>8.5%): ALL THE ABOVE PLUS**

Consider one or more of the following actions as appropriate until there is an improvement in HbA1C

- More frequent MDT clinic appointments as needed
- CGMS monitoring
- 3 monthly Home visit
- If no improvement after 6 months consider involving child safety team as appropriate

