

# Diabetes outpatient appointment prioritisation guide

COVID-19 pandemic – amber and green recovery phase

This guide was developed to provide guidance to specialist diabetes services for prioritising adult outpatient diabetes appointments during the COVID-19 pandemic, for amber response periods and green recovery periods.

Outpatient appointment prioritisation is based on both clinical criteria (e.g. HbA1c >11%) and referral type (e.g. new diagnosis of type 1 diabetes mellitus).

Three appointment types are recommended: deferral (supervision by general practitioner and other relevant community-based services), virtual care and urgent face-to-face appointments.

This guide should be adapted to suit local healthcare settings. For other COVID-19 resources and general COVID-19 infection prevention advice, refer to the following:

- [COVID-19 Infection Prevention and Control Primary, Community and Outpatient Settings](#)
- [NSW Health Communities of Practice Guidance](#).

## General principles for prioritisation

- To ensure that the general management of diabetes and optimisation of cardiovascular risk factors are not neglected and overshadowed by the current focus on issues related to COVID-19.
- To provide optimal clinical management and education for adult patients with diabetes in outpatient settings, balancing any urgent need for face-to-face consultation against the risk of hospital acquired COVID-19 transmission and the safety of staff.
- All people attending face-to-face consultations are to be screened as per COVID-19 guidelines.
- For the green phase, standard precautions should be taken. Patients are required to wear a mask only if acute respiratory illness (ARI) is suspected or confirmed. Precautions should be taken when care is delivered within 1.5m of patients.
- For the amber phase, in addition to standard precautions, all people attending the appointment should wear a surgical mask when receiving care.
- Healthcare workers are required to wear a surgical mask if caring or working within 1.5m of any patients. Healthcare workers should follow contact and droplet precautions if within 1.5m of a suspected or confirmed COVID-19 patient.
- People with diabetes related issues (e.g. severe hypoglycaemia) may be seen in the Diabetes Centre or diabetes service to avoid presentation to emergency department or hospital admission.
- Continue to provide individual diabetes management services using available technology.
- Where possible, access telehealth to avoid hospital attendance.

## Diabetes outpatient prioritisation guidelines for COVID-19

|   | Amber COVID-19 response phase  | Green COVID-19 leading to recovery phase  |
|---|--|---|
| <b>Deferral</b>                           | There are patients with diabetes who might otherwise have presented for routine monitoring appointments and could be followed up by their GP for now.  | Patients with generally stable diabetes, where routine monitoring is required but does not require input from a specialist service and can be deferred.   |
| <b>Virtual care (video, phone, email)</b> | Recommended for those with unstable glucose levels, where a remote telehealth consult will prevent a face-to-face encounter in the near future.  | Most cases that were previously seen face-to-face should be seen by virtual care, if possible.  |
| <b>Face-to-face</b>                       | Face-to-face appointments are recommended for those with diabetes with metabolic instability. The benefit of face-to-face consultation will outweigh the risk of infection and will prevent imminent presentation to emergency department or hospital admission. | Given that the general risk of infection for patients coming into hospital would still be high, even in the green COVID-19 response phase, it is still worthwhile to limit the numbers of patients being seen face-to-face.<br><br>For those with diabetes with metabolic instability, the benefit of face-to-face consultation will outweigh the risk of infection and will prevent imminent presentation to the emergency department or hospital admission. |

\* Refer to the Diabetes Outpatient prioritisation quick reference guide for COVID-19 for specific conditions for the above appointment types.

### Document development

The document was developed by the Outpatient Management Ambulatory Care Solution Group with representatives from the Diabetes COVID-19 Community of Practice. A series of four, one hour meetings were held to gather clinical expertise. The final document was endorsed by the Diabetes COVID-19 Community of Practice.

### References

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