

# 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.  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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