

Diabetes outpatient prioritisation for COVID-19

Quick reference guide

This guide details the factors and health conditions that are recommended for deferral, virtual and face-to-face care during the amber and green COVID-19 pandemic phases.

For specific COVID-19 precautions in the amber and green COVID-19 pandemic phases, refer to the general principles in the Diabetes outpatient appointment prioritisation guide.

	Amber COVID-19 response phase	Green COVID-19 leading to recovery phase
Deferral	<ul style="list-style-type: none"> • Generally, metabolically stable diabetes • No acute clinical or self-management issues that warrant attention • Driving assessment if possible (routine) • Group education sessions: Dose Adjustment for Normal Eating program (DAFNE), type 2 diabetes and dietetic workshops, carbohydrate counting • Perioperative glycaemic stabilisation • High risk foot referrals triaged by podiatrist for community management • District alliance program or similar face-to-face programs where routine care is shared between a GP and a diabetes service (shared GP management) 	Refer to the Diabetes Outpatient Appointment Prioritisation Guide.

	Amber COVID-19 response phase	Green COVID-19 leading to recovery phase
Virtual care (video, phone, email)	<ul style="list-style-type: none"> • Most patients that were previously seen face-to-face • Driving assessment patients where eye review has been performed by another service (e.g. optometrist) • Group education sessions: DAFNE, type 2 diabetes workshop, carbohydrate counting • Perioperative glycaemic stabilisation program • High risk foot referrals triaged by podiatrist for community management • HbA1c >8% • Symptoms of hyperglycaemia • Newly diagnosed type 2 diabetes • Well, newly diagnosed type 1 diabetes • Moderate hypoglycaemia • Most gestational diabetes education – essential education (e.g. newly diagnosed gestational diabetes), group education (gestational diabetes, type 2 diabetes) • Libre Flash, CGM, pump upgrades • Dietitian review for complex clinical cases • District alliance program or similar shared care programs, where routine care is shared between GP and a diabetes service (shared GP management), whether it was previously virtual or face-to-face 	<ul style="list-style-type: none"> • HbA1c >11% • Symptoms of hyperglycaemia • Newly diagnosed type 2 diabetes • Well, newly diagnosed type 1 diabetes • Moderate hypoglycaemia • Most gestational diabetes education – essential education (e.g. newly diagnosed gestational diabetes), group education (gestational diabetes, type 2 diabetes) • Libre Flash, continuous glucose monitoring (CGM), pump upgrades • Dietitian review for complex clinical cases • District alliance program or similar virtual care programs where routine care is shared between a GP and a diabetes service (shared GP management)
Face-to-face	<ul style="list-style-type: none"> • Newly diagnosed type 1 diabetes where clinical features or other factors make telehealth inappropriate • Ketosis (without acidosis) • Unstable diabetes requiring insulin e.g. HbA1c >10%, i.e. 86mmol/mol • Incipient hyperosmolar syndrome • Vulnerable patients e.g. recent hospitalisation, homeless health issues or mental health issues impacting on clinical outcomes that may lead to hospitalisation • Hypoglycaemia - severe • High risk foot patients with active ulceration, Charcot's arthropathy, infection • High risk diabetes in pregnancy (pre-existing diabetes, EFW <10% or >90%, age >40, BMI >40, Aboriginal or other high-risk ethnicity, other endocrine disorder) • Pump starts in clinically compromised patient e.g. significant hypo unawareness • Continuous glucose monitoring system (CGMS) initial setup 	The same conditions listed in the Amber COVID-19 response phase for face-to-face.

Document development

This 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.

