Standards of Care for Children and Adolescents with Diabetes 2014

Standard 1
Children and adolescents with diabetes should be provided with expert care from diagnosis by experienced team specifically trained in both paediatrics and diabetes with access to tertiary level resources. The healthcare professional team should include as a minimum: paediatric diabetologist, diabetes nurse specialist, dietitian and mental health professional (social worker and/or clinical psychologist).

Standard 2
Management of diabetes in children should be patient/family centred, with an emphasis on facilitating self-management. The focus changes from the parents for very young children to the child and adolescent depending on age and developmental stage.

Standard 3
At diagnosis an intensive education and stabilisation period should be provided and following this phase, routine care and review by the specialist diabetes team is required at three monthly intervals as a minimum.

Standard 4
Patients and families should be offered 24 hour access to experienced advice to prevent and treat intercurrent illness and acute complications of diabetes.

Standard 5
Routine care includes three monthly visits with the specialized team that includes general clinical assessment and HbA1c review, diabetes education revision, specific diabetes therapy adjustment and review, access to dietary and mental health review and complication screening.

Standard 6
All children and adolescents with diabetes should have access to modern therapies including pump therapy and continuous glucose monitoring.

Standard 7
Transition to adult care should be made at a developmentally appropriate age in consultation with the patient's medical specialist and requires close liaison between adult and paediatric services, recognising that adolescents/young adults require more time and specific clinical expertise:
• A plan should be developed for transition to adult services, with increasing responsibility being given to the adolescent (graduating to them seeing health professionals on their own). Adolescents should be offered the opportunity to participate in the planning process.

• Adolescents identified at high risk require an intense planned process to be in place

Source: based on the St Vincent Declaration, endorsed by the UK Royal College of Paediatrics and Child Health - Standards of the UK Diabetes National Service Framework[9]; ADA Standards of Care for Diabetes and Type 1 Diabetes though the lifespan, Diabetes Care 2014[i]. National evidence-based clinical care guidelines for type 1 diabetes in children, adolescents and adults, Australian Government Department of Health and Ageing, Canberra 2011.

Endorsed by the APEG Council 2014