

Figure 1: Algorithm for screening Indigenous children and adolescents for T2DM

Aboriginal or Torres Strait Islander ≥ 10 years of age (or onset of puberty)
 and any of:
 Overweight or Obese (> 85 th centile BMI)
 Positive family history
 Signs of hyperinsulinism (Acanthosis nigricans / PCOS)
 Dyslipidaemia
 Born to a mother with diabetes or Gestational Diabetes
 Psychotropic therapy

Perform random blood glucose level
 (venous sample if having blood test for other indication)

capillary BGL < 5.5 mmol/L or venous BGL < 5.5 mmol/L	capillary BGL 5.5 - 12.1 mmol/L or venous BGL 5.5 - 11.0 mmol/L	capillary BGL ≥ 12.2 mmol/L or venous BGL ≥ 11.1 mmol/L
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Lifestyle modification
 Restest in 1 year

Significant polyuria & polydipsia?
 particularly nocturnal

fasting BGL possible?

perform FASTING venous BGL
 (and fasting lipid profile)

repeat RANDOM venous BGL
 within a week

fasting venous BGL < 7.0 mmol/L high risk diabetes	fasting venous BGL ≥ 7.0 mmol/L diabetes diagnosed
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Random venous BGL < 11.1 mmol/L high risk diabetes	Random venous BGL ≥ 11.1 mmol/L diabetes diagnosed*
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Lifestyle modification
 Restest in 6 months

FASTING BGL
 within a week

check blood or urine ketones

no ketones

ketones

Refer to district medical officer within 1 week and refer to diabetes educator

Transfer to hospital for immediate assessment and specialised therapy

A diagnosis of diabetes should be confirmed with a fasting venous BGL ≥ 7 mmol/L

long term management as per management algorithm

Baseline assessment (complete as many as possible):
 Address: Psychosocial health and lifestyle factors
 Diagnostic: venous BGL (fasting), HbA1c, Auto-antibodies (GAD, IA2, insulin), C-peptide (ice)
 Complications screen: Urine ACR, blood lipids (fasting), UE/C, LFT. Measure blood pressure, BMI and waist circumference. Baseline retinopathy and neuropathy screen.
 Refer to care plan (Box 4) for further details.

Note on capillary samples: Capillary BGL is useful for screening however confirmatory testing needs to be based on a venous sample.

*Diabetes is diagnosed if fasting BGL ≥ 7 mmol/L OR random BGL ≥ 11.1 and symptomatic OR random BGLs ≥ 11.1 mmol/L on two separate occasions