

Diabetes Educator ¹⁻³	Podiatrist ⁴⁻⁸	Dietitian ⁹⁻¹¹	Paediatric Dietitian ⁹⁻¹¹
People at risk or living with diabetes.	People with complex lower limb conditions, and/or at medium to high risk of lower limb amputation/ulceration.	People wanting to prevent or improve their management of chronic disease via nutrition	High-risk pregnancy, newborns, infants, school-age children (0 - 18 years)
Priority* 1 – Urgent (1-14 days) Note: Contact the relevant clinician for immediate management			
<ul style="list-style-type: none"> Diabetes in Pregnancy Gestational Diabetes Mellitus (GDM) Post Diabetic Ketoacidosis Admission Type 1 Diabetes Mellitus (T1DM) new diagnosis Hypoglycaemic episode requiring hospital admission 	<ul style="list-style-type: none"> Current foot ulcer Charcot neuroarthropathy Infected ingrown toenail with acute signs of infection 	<ul style="list-style-type: none"> PEG / EN complications Diagnosis of an eating disorder or complications Food allergy with anaphylaxis Type 1 Diabetes Mellitus (T1DM) new diagnosis 	<ul style="list-style-type: none"> Untreated GIT conditions e.g., Crohn, Ulcerative Colitis Growth faltering < 2 yrs. Inadequate oral intake in infant <6mths Untreated coeliac disease New diagnosis of eating disorder PEG/EN review Food allergy with anaphylaxis New diagnosis of T2DM Review of T1DM GDM or T1DM/T2DM in pregnancy
Priority* 2 – High (30 days)			
<ul style="list-style-type: none"> HbA1c ≥8% (64mmol/mol) or above individualised target range Insulin stabilisation Preconception planning in pre-existing diabetes Diabetes requiring optimisation in the presence of severe vascular complications 	<ul style="list-style-type: none"> Client with Diabetes, CKD or Hansen’s disease with a previous foot ulcer or lower limb/toe amputation <p>AND/OR <u>two</u> or more risk factors:</p> <ul style="list-style-type: none"> Peripheral vascular disease Peripheral neuropathy Significant foot deformity 	<ul style="list-style-type: none"> Malnutrition/ unintentional weight loss New diagnosis of GIT condition or with severe complications All other new diagnosis of Diabetes Mellitus HbA1c >10% (86 mmol/mol) Recurring hypoglycaemic episodes Severe burns or chronic non-healing wounds CKD with diet-induced potassium > 6mmol/L Liver disease with complications Pre-surgery weight loss 	<ul style="list-style-type: none"> Iron deficiency in childhood Growth faltering > 2 years Childhood obesity < 2yrs Prediabetes in childhood Childhood metabolic syndrome Chronic GI disturbances e.g., diarrhoea, constipation Food allergy non-anaphylaxis High-risk pregnancy: underweight, obesity, nutrient deficiency (e.g., iron) Disordered eating
Priority* 3 – (90 days)			
<ul style="list-style-type: none"> HbA1c <8% (64mmol/mol) or within individualised target range Prediabetes (Impaired Glucose Tolerance, Impaired Fasting Glucose) 	<ul style="list-style-type: none"> Client with Diabetes, CKD or Hansen’s disease with one risk factor: <ul style="list-style-type: none"> Peripheral vascular disease Peripheral neuropathy Significant foot deformity 	<ul style="list-style-type: none"> HbA1c < 10% (86 mmol/mol) CKD stage 3-4 Renal Replacement Therapy with nutrition complications GIT conditions and food intolerances Dyslipidaemia 	<ul style="list-style-type: none"> Food intolerance Fussy eating Childhood obesity > 2yrs
Priority* 4 – (120 days)			
<ul style="list-style-type: none"> Pre-existing stable diabetes – Annual Cycle of Care (ACOC) Polycystic Ovary Syndrome (absence of prediabetes) 	<ul style="list-style-type: none"> Client with Diabetes, CKD or Hansen’s disease with no risk factors 	<ul style="list-style-type: none"> Nutritional deficiencies Pre-diabetes Disordered eating Suboptimal diet quality CKD stage 1-2 Hypertension 	

[#] Referrals that do not meet the prioritisation table can still be referred, however, they may not be accepted

*Priority timeframe may vary depending upon location, waitlist, attendance, and clinical judgement

References:

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