

**CLINICAL PATHWAY  
CHILDREN NEWLY DIAGNOSED WITH DIABETES**

**Inclusion Criteria:**

- Acidosis corrected
- Rehydration plan in progress
- Mental status appropriate for age
- Vital signs appropriate for age

Clinical Pathways are not considered a substitute for professional judgement.

Phase:	Entry Phase	Adapting Phase	Transition Phase
Date/Time:	___/___/___ h	___/___/___ h	___/___/___ h
<b>PATIENT OUTCOMES</b>	Insulin infusion discontinued ___ Family able to identify/aware of Diabetes Care Team & role ___	Urine ketones negative ___ Eating, drinking without difficulty ___ Patient/family demonstrates adaptation to care ___	Patient/family verbalize basic diabetes care: Skill Set: <input type="checkbox"/> c ___ <input type="checkbox"/> d ___  Patient/family demonstrates basic diabetes care: Skill Set: <input type="checkbox"/> b ___ <input type="checkbox"/> a ___  Equipment organized ___ Follow-up appointments organized ___
<b>TEACHING</b> Patient/Family	Admission to 1C ___ Assess readiness/ability to learn ___	Assess readiness/ability to learn  Assess barriers/facilitators to learn ___  Initiate Basic Skill Set: <input type="checkbox"/> a ___ <input type="checkbox"/> b ___ <input type="checkbox"/> c ___ <input type="checkbox"/> d ___ <input type="checkbox"/> e ___ <input type="checkbox"/> f ___  Selected meter _____	Patient education materials given to patient/family ___ Information on contact numbers provided: - DEC - Aware of on-call DEC nurse 905-813-2200 ___ - CCAC ___ - Paging Paediatrician ___ - Assess readiness for discharge ___  Reinforce Skill Set: <input type="checkbox"/> a ___ <input type="checkbox"/> b ___ <input type="checkbox"/> c ___ <input type="checkbox"/> d ___
<b>DISCHARGE PLANNING CRITERIA</b>	Notify CCAC of admission (CCAC required for 3 visits/day)  DEC/on call ___ <b>OR</b> Family Support ___ Assess for financial resources ___  <b>Clinical Indicator #1: Eligible for CCAC services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If NO, 1C outpt. management arranged?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Discharge Criteria:</b> - Good family support ___ - CCAC available for support ___ - Arrangements made with DEC ___ - If CCAC not available arrangements made for outpt follow-up ___  <b>Clinical Indicator #2: Discharge criteria met</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Date/Time ___/___/___ h	Discharge supplies ___ Prescription ___ DEC notified ___ CCAC arranged ___ Aware of on-call DEC nurse 905-813-2200 ___ Aware of outpatient appointment and location ___  <b>Clinical Indicator #2: Discharge criteria met</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Date/Time ___/___/___ h
<b>Pathway Reviewed with Patient/Family (Initial):</b>	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
<b>Signatures:</b>	_____ _____ Initials	_____ _____ Initials	_____ _____ Initials
<b>Skill Set:</b>	a) blood glucose testing d) nutrition	b) insulin mixing & administration e) pathophysiology	c) recognition & treatment of hypoglycemia f) finances



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	___/___/___ h	___/___/___ h	___/___/___ h
<b>INTERVENTIONS:</b>			
<b>a) Assessments</b>	VS q4h Neuro vitals as per orders Monitor I & O	VS q shift I & O	VS q shift I & O Food recall
<b>b) Consults</b>	Notify DEC Notify Paediatrician Notify Child Life		DEC aware of D/C Notify Diabetes Paediatrician
<b>c) Tests</b>	Blood glucose monitoring, qid, ac meals and hs snack BS, HbA1C, TSH, lytes, urea, creatinine, venous bld. gas Urine dip for ketone q void +/- blood gas (venous) q4h	Blood glucose monitoring qid, ac meals and hs snack	Patient/family record BS in log book qid, ac meals and hs snack
<b>d) Treatments</b>	+/- IV		
<b>e) Medications</b>	Insulin	Insulin	Insulin
<b>f) Nutrition</b>	Ice chips/Paediatric Diabetic Diet	Advance to consistent CHO intake (no concentrated sweets) 3 meals 3 snacks	- Understand which foods $\uparrow$ BS - Understand sample menus - Complete food record
<b>g) Elimination</b>			

