DIABETES & ENDOCRINOLOGY

NEWLY DIAGNOSED PACK

TYPE 1 DIABETES

NDSS
National Diabetes Services Scheme
An Australian Government Initiative

NDSS Registration Form

NDSS Helpline 1800 637 700
ndss.com.au

About this form

This form allows you to register with the National Diabetes Service Scheme (NDSS) and the National Gestational Diabetes Register.

The NDSS is an initiative of the Australian Government administered by Diabetes Australia. The NDSS provides people with diabetes who are registered access to information and resources, diabetes self-management education programs, and a range of subsidised diabetes products.

The National Gestational Diabetes Register provides postnatal reminders to women with gestational diabetes and their nominated GP. The register aims to help these women reduce their risk of developing type 2 diabetes and manage their health into the future.

Your privacy

The information you provide the NDSS is protected by the *Privacy Act 1988* (Privacy Act) and the Australian Privacy Principles (APPs) contained in the Privacy Act.

What information do we collect?

We may collect your personal information if the information is reasonably necessary for administering the NDSS and any of its programs, services, or activities, including providing information, education, and support services to you or your carer.

When personal information is sensitive information (for example, health information), it will only be collected if you have consented to that information being collected, or if one of the other exceptions applies under the APPs. Your personal information may be collected on forms, such as this form, when you contact the NDSS Helpline, when purchasing NDSS products or in providing information and services to you or your carer.

Personal information that may be collected:

- your name, gender, date and country or birth
- contact details and address,
- NDSS, Medicare, DVA or Concession card number
- details of your guardian or carer
- details of your usual GP and other health professional.

Sensitive information that may collected:

- diabetes type
- details of the medication and NDSS products you require to manage your diabetes
- main language spoken at home
- if you are of Aboriginal or Torres Strait Islander origin
- whether your immediate relatives have had diabetes and how your diabetes is currently managed
- health services provided to you
- other health information.

It is your choice to provide information to us. However, it will be necessary for us to collect your personal or sensitive information if you would like to access certain NDSS products, education and support services or programs. If you choose to withhold the information we require, we may not be able to provide the services you have requested.

Have difficulty hearing or speaking?
Access TTY on **133 677**, Speak and Listen on **1300 555 727** or Internet Relay at internet-relay.nrscall.gov.au then enter the number **1800 637 700**.

For what purpose do we use or disclose your information?

We use or disclose your personal and sensitive information for the purposes of administering the NDSS and providing programs, services, and activities.

We may use your information to:

- confirm your identity and update your personal details
- provide you with information about the NDSS, managing your diabetes or sending reminder notices to you and your health professionals about important aspects of your diabetes management
- invite you to participate in education, support services and programs delivered by Diabetes Australia or your local state and territory diabetes organisation, or other NDSS programs requiring specific consent
- provide training to you, (or if you are a student to your school's staff), on diabetes and diabetes management
- provide information about access to subsidised diabetes-related products, or related information such as product recalls.

We may disclose your information to the following people or entities:

- the Commonwealth as represented by the Department of Health, which funds the NDSS, to produce statistical and evaluation reports on the NDSS and for administrative purposes, or for public accountability purposes
- the Australian Institute of Health and Welfare for inclusion in the National (insulin-treated) Diabetes Register, cross-checking against the National Death Index, statistical analysis, to undertake data linkage activities with other datasets for health research purposes and to facilitate health research projects undertaken by researchers and other parties
- Commonwealth agencies, researchers, and other parties to facilitate health and other research projects including data linkage activities, or to plan for the emerging needs of people with diabetes
- other third parties for the purposes of administering the NDSS (or providing NDSS programs, services, and activities), including organisations that deliver services on our behalf (such as mailing houses), or organisations that provide services to us.

Once you have registered with the NDSS, you can ask us not to contact you about research or state and territory activities. You will still receive important information about the NDSS or product safety issues.

We are committed to protecting your privacy. The NDSS Privacy Policy contains information about how you can access and correct your personal information held by us. The policy also explains how to complain about a breach of your privacy and how we deal with privacy complaints.

You can find the NDSS Privacy Policy at **ndss.com.au.**

For more information regarding how to fill out this form and FAQ's see page 4 of this form.

Have difficulty with English?
Call the Translating and Interpreting Service (TIS) National on **131 450** and ask for the number **1800 637 700**.

Person with diabetes

The questions in this section are about the person with diabetes. Follow all instructions.

1 Title **Given name(s)**

2 Family name

3 Do you have a current Medicare card (preferred) or DVA file number?

☐ Yes ▶ **fill in details and go to 8**

☐ No ▶ **Go to 4**

4 Are you a resident of Belgium, Italy, New Zealand, Slovenia, Sweden, the Netherlands or the United Kingdom?

☐ Yes ▶ **Go to 7** ☐ No ▶ **Go to 5**

5 Are you a resident of Finland, Malta, Norway or the Republic of Ireland?

☐ Yes ▶ **Go to 6** ☐ No **You are not eligible for the NDSS**

6 Are you in Australia on a student visa?

☐ Yes **You are not eligible for the NDSS** ☐ No ▶ **Go to 7**

7 Please fill in details

Passport number

Country of issue **Visa expiry**

Day / Month / Year

8 Email (preferred method of contact)

9 Previous Name (optional)

10 Sex

☐ Male ☐ Female ☐ Intersex

11 Date of birth

Day / Month / Year

If the person named in Q1 and Q2 is under 15 years old, the "Carer or guardian" section must also be completed.

12 Do you hold a valid concession card?

☐ Yes ▶ Fill in details ☐ No ▶ **Go to 13**

Type of Concession

☐ Health Care Card ☐ Pensioner Concession Card

☐ Veteran Gold Card ☐ Veteran White Card

Concession Card Number

Expiry

Day / Month / Year

13 Daytime phone number (mobile preferred)

14 Alternative phone number

15 Address

Suburb State Postcode

16 In which country were you born?

☐ Australia ☐ Other (please list)

17 Are you of Aboriginal or Torres Strait Islander origin? (tick all boxes that apply)

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

18 Which language do you most often speak at home?

☐ English ☐ Other (please list)

19 When were you first diagnosed? (or approximate date)

Day / Month / Year

20 Were you living in Australia?

☐ Yes ▶ **Go to 21** ☐ No (please list) ▶ **Go to 22**

Country

21 Where in Australia were you living?

Suburb

State Postcode

22 By signing here, I am confirming that:

- **I require NDSS products and/or services for the management of my diabetes; and**
- **the information I have provided on this form is true and complete; and**
- **I agree to the collection, use and disclosure of my information for the purposes set out in this form; and**
- **I understand giving false or misleading information is a serious offence.**

Signature Day / Month / Year

Carer or guardian

This section must be completed by a primary carer or guardian if the person named in Q1 and Q2 is:

- **aged 15 years or under; or**
- **aged 16 years or older and requires a primary carer or guardian.**

23 Title **Given name(s)**

24 Family name

25 Date of birth

Day / Month / Year

26 Address

Suburb State Postcode

27 Daytime phone number (mobile preferred)

28 Email (preferred method of contact)

29 Relationship to person named in Q1 and Q2

30 By signing here, I am confirming that:

- **I am a primary carer or guardian for the person named in Q1 and Q2; and**
- **the person named in Q1 and Q2 requires NDSS products and/or services for the management of their diabetes; and**
- **the information both the person named in Q1 and I have provided on this form is true and complete; and**
- **both the person named in Q1 and I agree to the collection, use and disclosure of the provided information for the purposes set out in this form; and**
- **where I am providing personal information about the person named in Q1 and Q2, I will advise that person of the privacy information contained in this form; and**
- **I understand giving false or misleading information is a serious offence.**

Signature Day / Month / Year

Certifier

This section can *only* be completed by an authorised health professional with a current Medicare provider number or a credentialled diabetes educator (CDE) with a current Australian Diabetes Educators Association (ADEA) CDE number or a practice nurse with a current Australian Health Practitioner Regulation Agency (AHPRA) registration number.

31 Which of these are you?

- CDE
- Endocrinologist/Diabetologist
- GP
- Nurse practitioner
- Practice nurse
- Other registered medical practitioner who specialises in diabetes (please specify below)

32 Diabetes diagnosis

- Type 1 ▶ **Go to 39**
- Type 2 ▶ **Go to 37**
- Gestational (GDM) ▶ **Go to 33**
- Other (list condition) ▶ **Go to 39**

33 When was GDM diagnosed?

Day / Month / Year

34 Baby's expected date of birth

Day / Month / Year

35 Has the woman's biological parents, sisters, brothers or children been diagnosed with diabetes?

Yes No Do not know

36 Details of woman's regular GP

When registering for the National Gestational Diabetes Register, both the registrant and their GP will receive regular reminders to check for diabetes.

Name of GP practice

GP name

Email

Address line 1

Address line 2

Suburb State Postcode

Phone

37 How is the diabetes managed?

Diet Exercise Tablets

38 Is an approved non-insulin injectable required?

Yes ▶ Fill in details No ▶ **Go to 39**

- Victoza ®
- Byetta ®

Date of first use: Day / Month / Year

39 Is insulin required?

Yes ▶ Fill in details No ▶ **Go to 40**

- Injection
- Insulin pump

Date of first use: Day / Month / Year

You will also need to fill out an Insulin Pump Consumable Access Form

40 Certifier details

Your full name

Medicare provider, CDE or AHPRA number

Email PCHDiabetesTriage@health.wa.gov.au

Clinic/Hospital Perth Children's Hospital

Address line 1 15 Hospital Avenue

Address line 2

Suburb Nedlands State WA Postcode 6009

Phone number 08 6456 0205

41 By signing here, I am certifying that, for the person named in Q1 and Q2, I have either:

- performed the diagnosis of diabetes,

OR

- sighted the documentation relating to the diagnosis of diabetes as a CDE or practice nurse.

Signature Day / Month / Year

Who should fill out this form

You can register with the NDSS if you:

- live in Australia, and
- have a current Medicare card, Veteran gold or white card, or
- are a resident of a country with which Australia has a Reciprocal Health Care Agreement (and not visiting on a student visa if a resident of Finland, Malta, Norway or the Republic of Ireland), and
- have been diagnosed with type 1 diabetes, type 2 diabetes or gestational diabetes, or
- have been diagnosed with diabetes caused by a genetic defect, pancreatic disease, hormonal abnormality or exposure to certain drugs or chemicals.

The Carer or Guardian section of this form will need to be completed if the person with diabetes is:

- aged 15 years or under, or
- 16 years or older and requires a primary carer or guardian.

The form must be certified by an authorised health professional such as your doctor, endocrinologist, obstetrician, credentialled nurse educator, nurse practitioner or practice nurse.

Lodging this form

Must be certified by your authorised health professional.

Email: info@ndss.com.au

Fax: 1300 536 953

Post: GPO Box 9824 in your capital city

NDSS Access Point: Ask your pharmacy if they can submit this form for you

NDSS Agents

All NDSS Agents are state and territory organisations that are not-for-profit, member-based registered charities.

Diabetes Australia appoints these organisations to be NDSS Agents and provide NDSS support services within their state or territory. Your state or territory organisation can introduce you to the diabetes community, services and programs near you.

NDSS Access Points

NDSS Access Points provide information about managing diabetes, sell diabetes products and accept completed NDSS forms. Many community pharmacies are NDSS Access Points, as are some health centres, clinics and hospitals.

To find or contact an NDSS Agent or Access Point, visit **ndss.com.au** or call **1800 637 700**.

Frequently asked questions

How does registration with the NDSS help me?

Registration with the NDSS provides information and support services, as well as diabetes-related products at subsidised prices, to people with diabetes. Registration is free and open to all eligible people diagnosed with diabetes.

What does the NDSS offer?

- access to a range of subsidised diabetes products to help you manage your diabetes. Access to products will vary depending on your needs,
- the NDSS Helpline on **1800 637 700**, which provides information about diabetes and the NDSS,
- education and support provided by diabetes educators, dietitians and other health professionals,
- programs and activities for you and your carer.

What types of diabetes products are available through the NDSS?

You can access a range of subsidised products through the NDSS including:

- blood glucose monitoring strips
- urine monitoring strips
- insulin pump consumables (if you have type 1 diabetes or gestational diabetes and meet the eligibility criteria)
- fully subsidised continuous and flash glucose monitoring products (if you have type 1 diabetes, or conditions similar to type 1 diabetes, and meet the eligibility criteria)
- fully subsidised insulin syringes and pen needles (if you need insulin or approved non-insulin injectable medications).

For more information visit **ndss.com.au** or call the NDSS Helpline on **1800 637 700**.

Why do I need to tell you personal information, like where I live or who my GP is?

We ask for your personal details so that we can give you the right support. The more we understand about you, the more relevant we can make the services we deliver. We need your postal address so we can send you important information.

When you register for the National Gestational Diabetes Register, both you and your GP will receive regular reminders to check for diabetes.

What if my details change?

Complete the NDSS Personal Details Update Form at **ndss.com.au** or ask for one at any NDSS Access Point.

Lodge this form with any supporting documentation required.

What if the treatment for my diabetes changes?

If you start to use insulin or an approved injectable blood glucose lowering medication, you need to tell us so we can make sure you have access to the NDSS products and services you need.

You do not need to complete a new NDSS Registration Form. Ask your authorised health professional to submit a Syringe or Pen Needle Access Form for you available at **ndss.com.au**.

Version 11 September 2021 NDSSFRM001
Diabetes Australia ABN 47 008 528 461

Government of **Western Australia**
Child and Adolescent Health Service

CONTACT NUMBERS:

Mon-Fri 8.30am-4.30pm: Triage Nurse 6456 1111 (opt.2)

or PCHDiabetesTriage@health.wa.gov.au

Emergencies (afterhours): On-Call Doctor 6456 5993

Perth Children's Hospital

Name:

	INSULIN DOSE				BLOOD GLUCOSE/KETONES								COMMENTS
DATE	Pre-breakfast	Pre-lunch	Pre-dinner	Pre-bed	Breakfast	Morning Tea	Lunch	Afternoon Tea	Dinner	Pre-bed	Midnight	Other	

Neonatology | Community Health | Mental Health | Perth Children's Hospital



DATE	INSULIN DOSE				BLOOD GLUCOSE/KETONES								COMMENTS
	Pre-breakfast	Pre-lunch	Pre-dinner	Pre-bed	Breakfast	Morning Tea	Lunch	Afternoon Tea	Dinner	Pre-bed	Midnight	Other	



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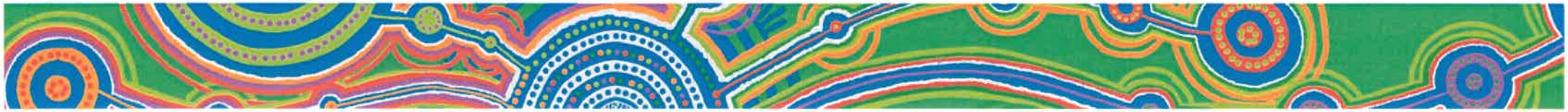
Emergencies (afterhours): On-Call Doctor 6456 5993

Perth Children's Hospital

Name:

	INSULIN DOSE				BLOOD GLUCOSE/KETONES								COMMENTS
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Neonatology | Community Health | Mental Health | Perth Children's Hospital



DATE	INSULIN DOSE				BLOOD GLUCOSE/KETONES								COMMENTS
	Pre-breakfast	Pre-lunch	Pre-dinner	Pre-bed	Breakfast	Morning Tea	Lunch	Afternoon Tea	Dinner	Pre-bed	Midnight	Other	



NEWLY DIAGNOSED DIABETES SUPPLIES LIST

Blood Glucose Monitoring	**General $**	**HCC $**
❑ CareSens PRO (100) test strips *(NDSS #320)*	$15.00	
❑ Freestyle Optium strips (100) *(NDSS #27)*	$15.00	
Ketone Testing		
❑ Keto Diastix Strips *(NDSS #40.50)*	$3.60	
❑ KetoSens Test Strips (10)	$8.99	
❑ Freestyle Optium Ketone strips	$9.99	$ 9.99
Lancets		
❑ Accu-Chek Fast Clix 102 *(NDSS #LAN 12)*	$23.95	$23.95
Pen Needles BD Micro/Ultra-Fine		
❑ 32G x 4mm Pentapoint Comfort *(NDSS #101)*	FREE	FREE
❑ 31G x 5mm *(NDSS #97)*	FREE	FREE
❑ 31G x 8mm *(NDSS #92)*	FREE	FREE
Sharps Disposal		
❑ Pocket sharps container *(NDSS #SD15)*	$2.50	$2.50
❑ 1.4 Litre *(NDSS #SD13)*	$10.99	$10.99
❑ 3 Litre *(NDSS #SD10)*	$12	$12
Hypo Treatment		
❑ GlucoHit Tablets 4g (10pk)	$6.00	$6.00
❑ GlucoHit Tablets 4g (50pk)	$14.00	$14.00
❑ Glucodin tablets 33x1.5g	$4.99	$4.99
❑ Glucodin powder 325g	$6.99	$6.99
Cleansing Products		
❑ TWCM Alcohol Wipes 200	$7.00	$7.00
❑ Medissenhal Alcohol Wipes 200	$7.00	$7.00

Government of **Western Australia**
Child and Adolescent Health Service

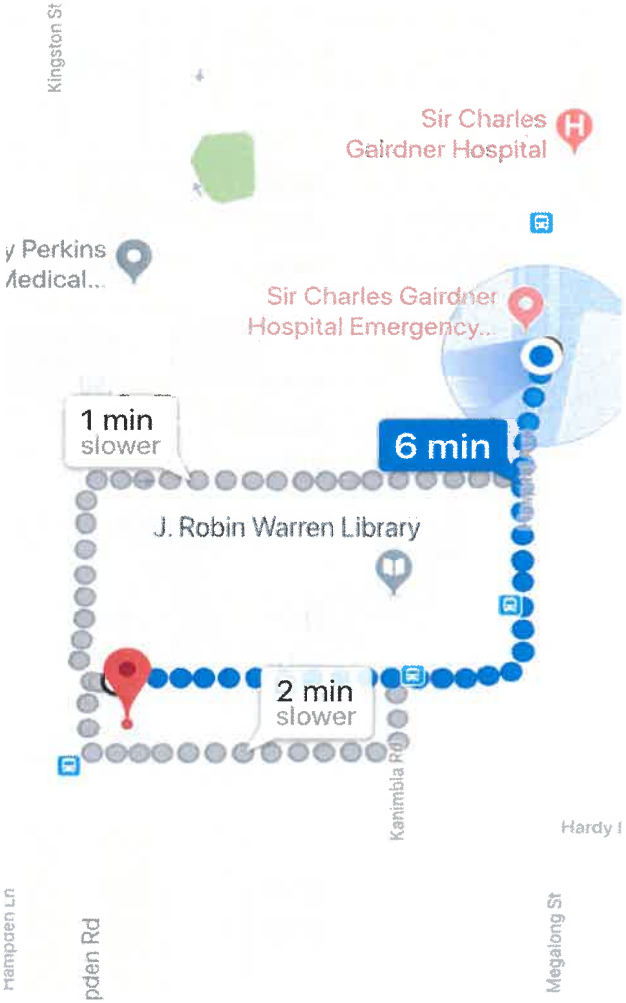
Perth Children's Hospital

TERRY WHITE CHEMMART PHARMACY, NEDLANDS MAP

Address: 52-54 Monash Ave, Nedlands WA 6009
Phone: (08) 9389 5727

Opening Hours

Monday	8am–6pm
Tuesday	8am–6pm
Wednesday	8am–6pm
Thursday	8am–6pm
Friday	8am–6pm
Saturday	9am–1pm
Sunday	Closed



Your location

Walk south on Hospital Ave
220 metres

At the roundabout, take the 1st exit onto Monash Ave
10 metres

Exit the roundabout onto Monash Ave
260 metres

TerryWhite Chemmart Nedlands
52-54 Monash Ave, Nedlands WA 6009

15 Hospital Avenue, Nedlands
Locked Bag 2010, Nedlands WA 6909

Ph 08 6456 2222
www.pch.health.wa.gov.au

Government of **Western Australia**
Child and Adolescent Health Service

Participant Information Sheet/Consent Form –
Parent/Guardian and/or Child

Perth Children's Hospital

Title	*Western Australian Network for Diabetes Database*
Short Title	*WANdiab*
Protocol Number	*RGS 1238*
Project Sponsor	*Department of Endocrinology & Diabetes*
Coordinating Principal Investigator	*Professor Tim Jones*
Location	*Perth Children's Hospital*

Part 1 What does participation involve?

1.1 Introduction

This is an invitation for your child in your care to take part in diabetes research activity. Consideration should also be given to explaining WANdiab to your child in a manner appropriate to their maturity level. If your child is mature enough, this form is intended for them also and they can co-sign the applicable consent areas.

This Participant Information Sheet and Consent Form tells you and your child about WANdiab and explains the non-clinical research activity involved. Knowing what is involved will help you decide if you and your child want your child to take part in the research activity.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not your child can take part, you and your child might want to talk about it with a relative, friend or local doctor.

Participation in this research activity is voluntary. If you or your child does not wish for your child to take part, they do not have to. They will receive the best possible care whether or not they take part.

If you decide you want your child to take part in the research activity, you or your child will be asked to sign the consent section. By signing it you are telling us that you or your child:

- Understand what you have read
- Consent to your child taking part in the research activities described
- Consent to being contacted and invited by the research team, which may include researchers affiliated with the Department from the Children's Diabetes Centre at the Telethon Kids Institute, to participate in individual research studies
- Consent to the use of your child's personal and health information as described.

You will be given a copy of this Participant Information and Consent Form to keep.

1.2 What is the purpose of WANdiab?

The database (register), established in 1987, holds information about all children and adolescents diagnosed with diabetes in Western Australia.

The main purpose of the database is to assist your child's clinical team to better manage your child's diabetes. It allows the clinical team to have quick and easy access to your child's diabetes medical history and so makes clinic visits more efficient.

The information stored in the database includes demographics; such as names, date of birth, date of diagnosis of diabetes and contact details. It also contains information about your child's diabetes management and care from their first presentation at Perth Children's Hospital (previously Princess Margaret Hospital) or one of its diabetes clinics, all the way through to your child's discharge from care at Perth Children's Hospital.

Included in the clinical information is your child's biological family's medical history.

1.3 What does participation in WANdiab involve?

The database is primarily for use by the clinical team and enables them to access patients' information easily to better record and manage your child's diabetes. The information is also used for research purposes to better understand different aspects of diabetes, such as: how common diabetes is in Western Australia, the patterns of diabetes and what contributes to the development of complications in those with diabetes.

It will also be used to contact you (if you consent) to invite your child to participate in research studies being carried out by the clinical and research teams.

The data, with your consent, will also be shared with the following three other registers to enable national and international research into diabetes:

1.3.1 Epidemiology of Diabetes in children and Adolescents in Australia

This is an Australia wide database that collects information about people who use insulin as part of their diabetes treatment. The database is managed by the Australian Institute of Health and Welfare (AIHW). This register aims to improve the current data collection process nationally and to help facilitate diabetes research. Data sent includes name, suburb, state and date of birth. Data is sent in April and October each year via a secure upload portal which has undergone independent security testing which complies with Open Web Application Security Project verification standards

1.3.2 Australasian Diabetes Data Network (ADDN)

ADDN is a national database which aims to continually collect patient data from diagnosis and through subsequent ongoing clinical visits. The database is managed by University of Melbourne as part of the ADDN Project. This data will enable research into the links between characteristics present at diagnosis and clinical outcomes over time, as well as the impact of interventions over time. No identifying data is sent to ADDN. Data is sent in March and August each year via a secure upload portal

1.3.3 SWEET

SWEET is an international database that includes data for paediatric diabetes patients from many different parts of the world. The database is managed by the University of Ulm in Germany. It collects data for patients from diagnosis and through subsequent ongoing clinical visits. This enables research similar to that of the ADDN and it also allows PCH to benchmark their service against other international centres to ensure patients are receiving the best possible care. No identifying data is sent to SWEET. Data is sent in January and July each year via a secure upload portal which is 256-bit SSL-encrypted.

1.4 What does the participant have to do?

You need not do anything to have your child's information included in the database. Each time you or your child attends clinic, the clinical team will record the necessary data for your child's clinical care, which will be entered into the database.

For non-clinical research activities, consent has to be provided.

1.5 Does your child have to take part in WANdiab?

To assist in your child's clinical management, it is necessary for your or your child's clinical information to be included in the database. However, participation in any research activity is voluntary. If you do not wish for your child to take part, they do not have to. If you or your child decide that they can take part and later change your mind, you or your child are free to withdraw from research activity at any stage.

If you or your child decides that your child can take part, you will be given this Participant Information and Consent Form to sign. A copy of the signed form will be given to you to keep.

Your or your child's decision whether your child can or cannot take part, or take part and then be withdrawn, will not affect your child's diabetes treatment, relationship with those treating them or relationship with Perth Children's Hospital.

You or your child is able to choose who has access to you or your child's data for non-clinical purposes. This means that you or your child can choose to have your child's data available for use in research run by the department and to be included in none, some or all of the registers.

1.6 What are the possible benefits of taking part?

Being on the database also gives you and your family the opportunity to find out about research occurring within the department.

1.7 What are the possible risks and disadvantages of taking part?

The risk of unauthorised access to WANdiab has been managed by adhering to all Western Australian State Government and WA Health Department data security and access policies.

The disadvantage of not consenting to data extracts to national and international diabetes registers or being contacted for future research studies is that population-based data have been vital in establishing policy goals and improved long term health outcomes.

1.8 What if the participant withdraws their consent for information to be used for non-clinical purposes?

You or your child can withdraw consent for WANdiab information to be used for non-clinical purposes that you have consented to, at any time.

Please notify a member of the Perth Children's Hospital Diabetes clinical team via the hospital switchboard on 6456 2222.

Part 2 How is WANdiab being managed?

1.9 What will happen to information about the participant?

The register is owned and managed by the Department of Endocrinology and Diabetes at Perth Children's Hospital, Perth. The information on this register has restricted access to authorised members of the Diabetes clinical and research teams at participating hospitals.

Data are stored on a secure server for the Department of Endocrinology and Diabetes, located within the WA Health department IT network.

Paper records are stored in your or your child's hospital patient notes and stored in accordance with hospital procedure.

1.10 Further information and who to contact

The ethical aspects of WANdiab have been approved by the Child and Adolescent Health Service HREC and will be carried out according to the National Statement on Ethical Conduct in Human Research (2007).

If you have any concerns and/or complaints about WANdiab, the way it is being managed or your child's rights as a research participant, and would like to speak to someone independent of the project, please contact:

The Executive Director Medical Services
via the hospital switchboard on 6456 2222

Your concerns will be drawn to the attention of the Ethics Committee who is monitoring the WANdiab database.

Government of **Western Australia**
Child and Adolescent Health Service

Consent Form –
Parent/Guardian and/or Child

Title	*Western Australian Network for Diabetes Database*
Short Title	*WANdiab*
Protocol Number	*RGS 1238*
Project Sponsor	*Department of Endocrinology & Diabetes*
Coordinating Principal Investigator	*Professor Tim Jones*
Location	*Perth Children's Hospital*

AFFIX PATIENT LABEL HERE

Declaration by Parent/Guardian and/or Child

- I have read the Participant Information Sheet or someone has read it to me in a language that I understand.
- I understand the purposes, procedures and risks of WANdiab.
- I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- I understand that the information collected about me is recorded in the WANdiab database, for clinical, audit and research purposes.
- I consent to my child's data being used for the research activities as indicated below and understand that I am free to withdraw consent at any time without affecting my child's future health care.
- I understand that I will be given a signed copy of this document to keep.
- I consent to the following:

WANdiab research activity Items		Yes	No	Initial
1. Data being exported to the	Australasian Diabetes Data Network (ADDN)			
	International Diabetes registry SWEET			
	Epidemiology of Diabetes in Children and Adolescents in Australia			
2. Being contacted for future research purposes				

Name of Child (please print)		
Signature of Child (if applicable)		Date:
Name of Parent/Guardian (please print)		
Signature of Parent/Guardian		Date:

Note: All parties signing the consent section must date their own signature.

WESTERN AUSTRALIAN CHILDREN'S DIABETES DATABASE (WACDD)

Registration Form

AFFIX PATIENT LABEL HERE

PART 1

(to be completed by Primary Caregiver)

Family Name: **Given Names:**

Sex: Male ☐ Female ☐ **Date of Birth:** __ / __ / __

Diabetes Type: Type 1 ☐ Type 2 ☐ CFRD ☐ MODY ☐ SECDM ☐ Neonatal ☐
SPDM ☐ Other ☐ *(specify)* _____

Date of Diabetes Diagnosis: __ / __ / __ **Date of First Insulin Injection:** __ / __ / __

Birth Weight (kg): **Gestation at Birth (weeks):**

Mode of Birth: Caesarean ☐ Normal vaginal delivery ☐ Forceps/assisted ☐

Aboriginal/Torres Strait Islander: Neither ☐ Both ☐ Aboriginal ☐ Torres Strait Islander ☐

Country of Birth: **Year of arrival in Australia:**
(if not born here)

Preferred Language:

Country Patient spent most of life BEFORE diagnosis:

Mother's Country of Birth: **Father's Country of Birth:**

Patient Ethnic Origin: **Father's Ethnic Origin:**
Mother's Ethnic Origin:
(see separate page for definition and list of values)

Patient Mobile: **Patient Email:**

Primary Caregiver:
Name: **Relationship to Patient:**
Current Address:
Postcode:
Postal Address:
(if different from above) **Postcode:**
Home Phone: **Mobile:**
Work Phone: **Email Address:**

Secondary Caregiver:

Name: **Relationship to Patient:**

Current Address:

(if different from above) **Postcode:**

Postal Address:

(if different from above) **Postcode:**

Home Phone: **Mobile:**

Work Phone: **Email Address:**

Consent to be contacted for future research: Yes ☐ No ☐

Address at Diagnosis:

(if different from above) **Postcode:**

GP Name: **Medical Centre:**

GP address:

Telephone: **Postcode:**

PART 2
(to be completed by your Treating Doctor)

Name of Endocrinologist:

Telephone:

Provider Number:

Patient's Assigned Clinic: **Clinic Group:**

Signature_____ **Date** _____

PART 3
(to be completed by Clinical Data Officer)

Date:

Coeliac Screen	***Lipids***
Total IgA :	**Fasting:** Yes ☐ No ☐
TgA transglutaminase:	**Cholesterol:**
IgG DPG:	**HDL:** **LDL:**
ICA:	**Triglycerides:**
IA-2:	***Thyroid Function Tests***
GAD antibodies:	**TPO**
C-Peptide:	**fT4:** **TSH:**
HbA1c:	**pH:**
Bicarbonate:	**HLA Typing:**

Use this list to fill in Ethnic Origin(s) on the Registration Form:

Oceania

Australian	New Zealand	Melanesian and Papuan	Micronesian	Polynesian
Australian	Maori	New Caledonian	I-Kiribati	Cook Islander
Australian Aboriginal	New Zealander	Ni-Vanuatu	Nauruan	Fijian
Australian South Sea Islander		Papua New Guinean	Micronesian	Samoan
Torres Strait Islander		Solomon Islander	Other	Tongan
		Other		Hawaiian
				Tahitian
				Tokelauan
				Tuvaluan
				Other

European

British	Irish	Western European	Northern European	Southern European	South Eastern European	Eastern European
English	Irish	Austrian	Danish	Basque	Albanian	Belarusan
Scottish		Dutch	Finnish	Catalan	Bosnian	Czech
Welsh		Flemish	Icelandic	Italian	Bulgarian	Estonian
Channel Islander		French	Norwegian	Maltese	Croatian	Hungarian
Manx		German	Swedish	Portuguese	Greek	Latvian
Other		Swiss	Other	Spanish	Macedonian	Lithuanian
		Belgian		Gibraltarian	Moldovan	Polish
		Frisian		Other	Montenegrin	Russian
		Luxembourg			Romanian	Slovak
		Other			Roma/Gypsy	Ukrainian
					Serbian	Sorb/Wend
					Slovene	Other
					Cypriot	
					Vlach	
					Other	

African and Middle Eastern

Arab	Jewish	Peoples of the Sudan	Other North African and Middle Eastern	Central and West African	Southern and East African	
Algerian	Jewish	Bari	Berber	Akan	Afrikaner	Zimbabwean
Egyptian		Darfu/Darfurian	Coptic	Fulani	Angolan	Amhara Batswana
Iraqi		Dinka	Iranian	Ghanaian	Eritrean	Hutu
Jordanian		Nuer	Kurdish	Nigerian	Ethiopian	Masai
Kuwaiti		South Sudanese	Turkish	Yoruba	Kenyan	Tigrayan
Lebanese		Sudanese	Assyrian	Ivorean	Malawian	Tigre
Libyan		Other	Chaldean	Liberian	Mauritian	Zulu
Moroccan			Mandaean	Sierra Leonean	Mozambican	Burundian
Palestinian			Nubian	Acholi	Namibian	Kunama
Saudi Arabian			Other	Cameroonian	Oromo	Madi (Ma'di)
Syrian				Congolese	Seychellois	Ogaden
Tunisian				Gio	Somali	Rwandan
Yemeni				Igbo	South African	Shona
Bahraini				Krahn	Tanzanian	Swahili
Emirati				Mandinka	Ugandan	Swazilander
Omani				Senegales	Zambian	Other
Qatari				Themne		
Other				Togolese		
				Other		

Asian

Mainland South-East Asian	Maritime South-East Asian	Southern Asian	Central Asian	Chinese Asian	Other North-East Asian
Anglo-Burmese	Filipino	Anglo-Indian	Afghan	Chinese	Japanese
Burmese	Indonesian	Bengali	Armenian	Taiwanese	Korean
Hmong	Javanese	Burgher	Georgian	Other	Mongolian
Khmer (Cambodian)	Madurese	Gujarati	Kazakh		Tibetan
Lao	Malay	Indian	Pathan		Other
Thai	Sundanese	Malayali	Uzbek		
Vietnamese	Timorese	Nepalese	Azeri		
Karen	Acehnese	Pakistani	Hazara		
Mon	Balinese	Punjabi	Tajik		
Chin	Bruneian	Sikh	Tatar		
Rohingya	Kadazan	Sinhalese	Turkmen		
Other	Singaporean	Maldivian	Uighur		
	Temoq	Bangladeshi	Kyrgyz		
		Bhutanese	Other		
		Fijian Indian			
		Kashmiri			
		Parsi			
		Sindhi			
		Sri Lankan			
		Sri Lankan Tamil			
		Indian Tamil			
		Other Tamil			
		Telugu			
		Other			

Americas

North American	South American	Central American	Caribbean Islander
African American	Argentinian	Mexican	Cuban
American	Bolivian	Nicaraguan	Jamaican
Canadian	Brazilian	Salvadoran	Trinidadian (Tobagonian)
French Canadian	Chilean	Costa Rican	Barbadian
Hispanic (North American)	Colombian	Guatemalan	Puerto Rican
Native North American	Ecuadorian	Mayan	Other
Indian	Guyanese	Other	
Bermudan	Peruvian		
Other	Uruguayan		
	Venezuelan		
	Paraguayan		
	Other		

Update of diabetes register at Perth Children's Hospital

DIABETES FAMILY HISTORY

Information Sheet for Parents

The existing Diabetes Register

When your child was first diagnosed with diabetes, you may have consented to having their personal data being recorded in a diabetes register at Perth Children's Hospital. This data is used to accurately determine the number of new cases of diabetes diagnosed each year. The data is also used for important research into the causes and management of diabetes.

Why are we doing this project?

The aim of this project is to update the diabetes register to include complete and accurate data on the family history of diabetes and associated diseases, in first degree relatives of children diagnosed with diabetes.

The cause of diabetes is not yet fully understood, but both genetic and environmental factors are thought to have important roles.

A history of diabetes in the parents an siblings of children diagnosed with diabetes has always been collected by the diabetes clinicians and stored in the diabetes register. However, the data is not complete, and data on a history of Type 2 diabetes or other diseases associated with diabetes, are not routinely collected on family members. There is a higher risk of diabetes in parents and siblings of affected children. No studies of the familial risk of diabetes have previously been undertaken in Western Australia.

Type 1 diabetes is known to be associated with other diseases, such as coeliac disease and some types of thyroid disease. Interestingly, several studies hav found that a lower proportion of children with Type 1 diabetes has asthma, compared to children in the general population. Studies of the relationship between associated diseases may add up to the understanding of their underlying mechanisms. The proportion of children with Type 1 diabetes and asthma in Western Australia has not been previously estimated.

Obtaining complete and accurate information on the family history of children with diabetes is becoming increasingly important. For example, the diabetes department at Perth Children's Hospital is a member of TrialNet, which is a group of studies investigating the prevention and early treatment of Type 1 diabetes. As knowledge about the natural history and prevention of diabetes increases, accurate recording of data on relationships and the family history of diabetes will be of greater significance. It will enable the identification of family members at risk of diabetes who, in the future, may be eligible for participation in clinical trials for the prevention of disease or its complications.

Who is eligible to be included in this project?

All children diagnosed with diabetes are eligible to be included in this project.

What is involved in this study?

Data on the history of diabetes and associated medical conditions in first-degree family members will be collected using a questionnaire. The data will be collected during a routine follow-up appointment, when you would normally be attending the diabetes clinic.

The data will be stored in the diabetes register and access to the data will be restricted to relevant clinical and authorised research staff only.

Are there an risks involved?

The information in this register will only be made available to approved medical researchers whose research studies are considered by the Perth Children's Hospital Ethics Committee to be scientifically sound, of importance to the community and likely to contribute to the understanding of diabetes or improvement in diabetes care. Any information stored in the register or collected during research will be confidential and a publications resulting from the research will not disclose names or other identifying information.

Do I have to participate?

No. Involvement in this study is voluntary. You may have the right to withdraw consent at any time and to request the removal of any data already stored.

This will in no way alter the care you currently receive.

What happens next?

Once you have read the information and had the chance to ask any questions, you or your parents/guardian will be asked to sign a consent form. The consent form states that you have agreed for family history data on diabetes and associated conditions to be collected and stored in the diabetes register.

If you have any questions, please contact the chief study investigator, Dr Elizabeth Davis, on 6456 0205.

Permission to proceed with this project has been given by the Ethics Committee at Perth Children's Hospital. If you have any complaints or concerns about how this study is being conducted, please contact the Executive Director of Medical Services at Perth Children's Hospital.

Child and Adolescent Health Service
Perth Children's Hospital

DIABETES PATIENT FAMILY HISTORY

Med Rec. No: .....

Surname: .....

Forename: .....

Gender: ..... D.O.B. .....

AFFIX LABEL HERE

DATE ..... /..... /.....

PQ220220

DO NOT WRITE IN BINDING MARGIN

DIABETES PATIENT FAMILY HISTORY

- ☐ **Person answering the questions: (please tick)**
- ☐ **Patient**
- ☐ **Biological mother**
- ☐ **Biological father**
- ☐ **Other Guardian**

HCHPCFMR0125

PC167
06/16

MR 315.02 DIABETES PATIENT FAMILY HISTORY

Child and Adolescent Health Service
Perth Children's Hospital

DIABETES PATIENT FAMILY HISTORY

Med Rec. No: .....

Surname: .....

Forename: .....

Gender: ..... D.O.B. .....

AFFIX LABEL HERE

ASTHMA - When referring to this question, please tick the "Yes box" if you have answered yes to any of the following questions.

- Have you ever been diagnosed with asthma by a doctor ?
- Have you ever had more than 3 episodes of asthma in your life ?
- Have you had an episode of asthma in the last 2 years ?

DIABETES - If you answer yes, please write the date of diagnosis about the 'YES' box.

DO NOT WRITE IN BINDING MARGIN

Perth Children's Hospital
15 Hospital Avenue
Nedlands Western Australia 6009
Locked Bag 2010 Nedlands WA 6909
Phone (08) 6456 0383 Fax (08) 6456 2016

ssenmmh.wa.edu.au

School of Special Educational Needs
Medical & Mental Health

CONSENT FOR INFORMATION EXCHANGE

The role of Department of Education, School of Special Educational Needs: Medical and Mental Health (SSEN: MMH) teachers attached to Department of Health teams, is to provide support for your child's educational and/or school transition needs. Your consent is sought to contact your child's school and/or associated Education Office or Student Services Team for relevant information.

This information will be used and shared with the health team and other appropriate agencies as necessary to assess, support and enhance your child's educational outcomes and will include sharing digital work records and samples, which may contain photos. The ongoing exchange of information will continue while your child is being supported by SSEN:MMH.

Health teams, in conjunction with SSEN:MMH, occasionally utilise information obtained from schools for the purposes of monitoring and evaluating the effectiveness of the programs we offer to your child and others. All data used will be de-identified. If you would like further information or have any concerns then please telephone 6456 0383. If you should choose to withdraw your consent then please advise me in writing.

Thank you for your support.

Yours sincerely

CALEB JONES
PRINCIPAL

Student Name:	**Date of Birth:**
Parent / Legal Guardian:	
Home Address:	
Parent / Legal Guardian Email Address:	
Telephone:	**Alternative Contact:**
Name of School:	**Year Level:**

I give my consent for the above school, associated Education /Student Services Office or other relevant Agency to be contacted. I understand any information exchanged will only be used for the stated purposes.

Signed Parent/Legal Guardian:	**Relationship to student:**
Witness Name:	**Date:**
Signature:	**Date:**

NB: For students under 18 years of age it is only the parent/legal guardian who can complete this form. If the referring medical practitioner feels that this is not appropriate because the student is deemed to be a mature minor, then the medical practitioner must provide signed and dated certification confirming thestudents mature minor status.

Perth Children's Hospital
15 Hospital Avenue
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Phone (08) 6456 0383 Fax (08) 6456 2016

ssenmmh.wa.edu.au

School of Special Educational Needs
Medical & Mental Health

REFERRAL TO SSEN:MMH TEACHER

Student Name:

Attach Client ID Label here

☐ Please tick if Aboriginal and/or Torres Strait Islander
☐ Please tick if English is not first language

Diagnosis: (if applicable/known)

Please tick purpose of referral or state in other:

☐ Gather school feedback
☐ Support the development of documented plans
☐ Make classroom observations
☐ Provide school staff with information to manage student's health condition
☐ Assist parent engagement
☐ Support Transition plans
☐ Hospital Teaching support
☐ Home Teaching support * End dated Medical Certificate is required

Other/Details:	

Please indicate below any other health professionals and/or agencies involved with this student.

Referrer	Name:	Role:
Health Team		
Email:		
Signed:		Date:

SSEN:MMH teacher will provide information to the Health team at agreed intervals and when referral is completed.
Follow up referrals for students are welcome by completing a new referral form.

NB: Referral cannot be processed until a SSEN:MMH consent form is signed, witnessed and returned with this referral.

Please email consent and referral to: ssenmmh@education.wa.edu.au

Government of **Western Australia**
Child and Adolescent Health Service



Community Health Nurses working with primary schools

Who are Community Health Nurses?

Community Health Nurses (nurses) deliver school health services in primary schools across Western Australia. They are employed by Child and Adolescent Health Service (in metropolitan Perth) or WA Country Health Service. Nurses work with children, families and teachers within each school throughout the year. Most families will have had contact with these health services from birth (through neonatology and child health services).

Working with children at school

Nurses provide School Entry Health Assessments (SEHA) which assess hearing, vision, oral health, growth, development, and any other health and wellbeing issues that may be of concern.

- SEHA is offered to all children who are of school entry age. For the majority, this will be in kindergarten, however it could be done after school enrolment has occurred and prior to commencement of Kindy if a need is determined.
- For those children who did not attend Kindy, the SEHA will be offered in pre-primary. SEHAs are conducted throughout the school year.
- Nurses prioritise assessments after reviewing any concerns noted on the parent consent form and discussion with class teachers.

If a parent or teacher has a concern regarding development, health or wellbeing of a child that will not be receiving a SEHA they can contact the nurse via the school. Relevant age-appropriate assessments such as hearing, vision and growth can be undertaken with parental consent.

Nurses also conduct health assessments for children in the care of Department of Communities. These assessments are prioritised once a request has been received by the nurse from the Department of Communities.

Working with families

Nurses recognise that schools manage most health needs for their students. Nurses can assist, if required, in supporting families and school staff with health care planning and management for children with complex health needs and/or chronic conditions.

Nurses are aware of and, have connections with, extended services in the community. They can be a contact point and advocate for families, providing them with health information and referrals, and information about parenting programs as needed.

Nurses also provide whole of school information for individuals and families about health issues through the classroom, school newsletter and school website.

Working with the school

Nurses can provide advice and support to the school around immunisation and health promotion activities.

At the request of a teacher, and if time allows, a nurse may contribute specialist knowledge in curriculum areas. The teacher is responsible for session planning and overall content and must remain in the classroom when the nurse is involved.

Nurses can help school staff prepare to care for young people with anaphylaxis, asthma, diabetes and epilepsy.

Contact details

Community Health Nurse

Child and Adolescent Health Service

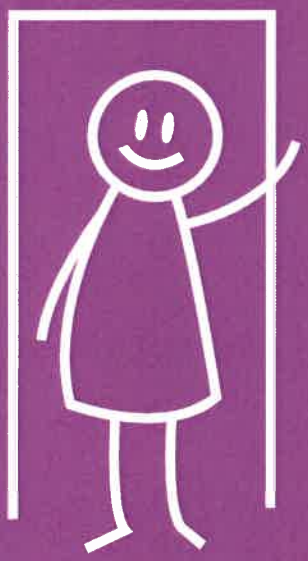
Phone/Email:

This document can be made available in alternative formats on request for a person with a disability.

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January 2022 CAH-001313

Child Health Nurses

are specially trained in child and family health. They see families with babies and young children at home, at local child health centres and parenting groups.



Your nurse can provide help and information on:

- breastfeeding, introducing solids and family nutrition
- sleeping and settling
- playing, growing and learning new skills
- child safety
- postnatal anxiety, stress and depression
- immunisation
- playgroups and other community resources
- making appointments with Aboriginal and ethnic health workers, lactation consultants (breastfeeding), speech therapists and other health professionals if needed.



If you have any questions regarding the information in this magazine, contact your child health nurse. You can phone and make an appointment with your nurse at any time.

To find your local child health centre:

- look in your baby's purple book All About Me
- go to healthywa.wa.gov.au/Service-search
- or Google 'Child Health Centre'.

Parenting Groups

A great opportunity to meet other parents and share experiences.

Joining a parenting group is a great way to find out about issues related to the age of your baby, as well as information on health and parenting.

Contact your child health nurse for more information or visit healthywa.wa.gov.au/parentgroups.

CAH-002850 JAN'19

Consent to obtain/release or exchange information

The Child and Adolescent Health Service (CAHS) comprise Perth Children's Hospital, Community Health services and the Child and Adolescent Mental Health Service (CAMHS).

The CAHS PCH diabetes team work alongside our CAHS community health nurse colleagues so that the care and management of your/your child's diabetes is best supported between the hospital and home .

By signing this form you are authorising information regarding your/your child's condition and management to be shared between the services as required.

Please complete all fields below:

I_____ (parent/legal guardian or mature minor full name)

hereby authorise CAHS staff (PCH and community health) to exchange reports and relevant information (written/verbal) in relation to my/my child's condition.

I understand that I may alter or withdraw consent at any time without prejudice.

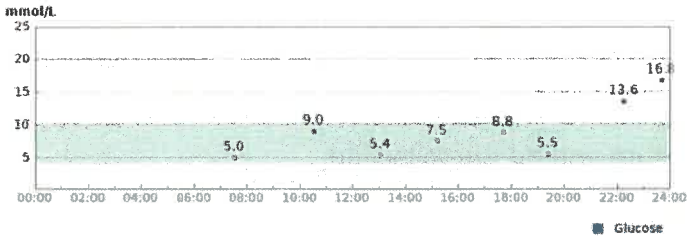
Signature_____ Date _____

Relationship to child _____

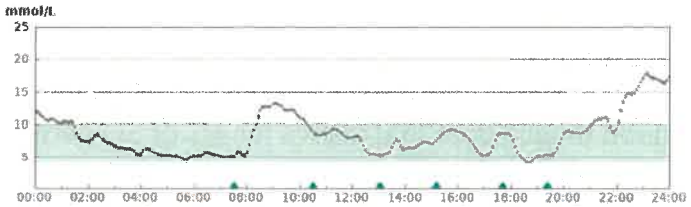
CONTINUOUS GLUCOSE MONITORING (CGM)

What is CGM?

CGM allows for continuous visibility of a person's glucose levels. This is different from blood glucose monitoring where you are seeing a person's glucose level at one specific point in time.

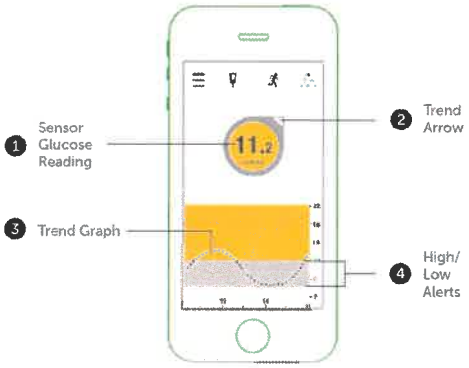


Blood glucose monitoring



Continuous Glucose Monitoring

CGM also shows trend arrows which indicate the direction and speed at which the glucose levels are changing. It further allows for alerts and alarms; which are most useful for monitoring for hypoglycaemia.



The system consists of a sensor that is inserted under the skin, a transmitter and a receiving device (typically a mobile phone). For more information, please read section 3 in your Newly Diagnosed Folder.

Interested in CGM?

As part of the newly diagnosed process, we automatically book you into a "CGM Workshop". Here, you will be started on the Dexcom G6 CGM system. The Dexcom G6 has been chosen by us as your intro to CGM as it is proven to be the most accurate CGM on the market and significantly reduces the number of necessary finger pricks. If the Dexcom G6 is not the right device for you, other CGM options can be explored and easily accessed at a later date. Please also advise us if you are not interested in CGM and would like to cancel this booking.

Preperation for the CGM workshop

Before the workshop, please make sure you do the following:

1. **Download the Dexcom G6 App**

The person with diabetes will require their own dedicated mobile or tablet device to download the Dexcom G6 app. If you would like to be able to remotely "follow" their glucose levels, this device will also need mobile data that allows for 4G or 5G network access.

Compatible mobile devices can be found in the link below:

https://www.dexcom.com/en-AU/compatibility/dexcom-g6-app

2. **Download the Follow App**

Anyone wanting to remotely "follow" the person's glucose levels on their own mobile device should download the Follow App. Compatible mobile devices can be found in the link below:

https://www.dexcom.com/en-AU/compatibility/dexcom-follow-app

3. **Complete the Online Learning**

Further learning on the Dexcom G6 system prior to attending is highly recommended, and can be found in the link below:

https://s3-us-west-2.amazonaws.com/dexcomvideos/G6+OUS+App+Videos/UK/LBL015873+Dexcom+G6+OUS+Tutorial+mmol/story_html5.html

If you have any further questions, please contact your treating team.

Government of **Western Australia**
Child and Adolescent Health Service

Perth Children's Hospital

20/01/2023

RE:

To Whom It May Concern,

_____, born on ___/___/_____, was diagnosed with Type 1 Diabetes on ___/___/_____. Our medical recommendation is that parents take a minimum of two weeks off work to care for their child and attend regular diabetes education sessions at Perth Children's Hospital. It is ideal that both parents/carers attend these appointments in newly diagnosed clinic as outlined in their child's diabetes education plan.

Please consider this a medical certificate from ___/___/_____ to ___/___/_____.

If you have any queries, please don't hesitate to contact us on pch.nddiabetesteam@health.wa.gov.au.

Kind regards,

Prof Elizabeth A Davis MBBS FRACP PhD
Head of Department – Endocrinology & Diabetes
Perth Children's Hospital

DAILY ROUTINE – MULTIPLE DAILY INJECTIONS (MDI)

Breakfast (time_____)

- Check/record BGL (finger-prick) prior to eating/drinking
- Rapid-acting insulin injection (insulin type_____)
- Breakfast (with carbohydrates)

Morning Tea (time_____)

- Check/record BGL prior to eating/drinking
- Carbohydrate snack (optional)

Call the triage line between 10am-12pm

Lunch (time_____)

- Check/record BGL prior to eating/drinking
- Rapid-acting insulin injection (insulin type_____)
- Lunch (with carbohydrates)

Afternoon Tea (time_____)

- Check/record BGL prior to eating/drinking
- Carbohydrate snack (optional)

Possible afternoon tea injection

Dinner (time_____)

- Check/record BGL prior to eating/drinking
- Rapid-acting insulin injection (insulin type_____)
- Dinner (with carbohydrates)

Pre-Bed (time_____)

- Check/record BGL (finger-prick)
- Long-acting insulin injection (insulin type_____)

Additional monitoring

Midnight & 3am – check/record BGL

Take action as outlined below if BGL is outside the range 3.9-10 mmol/L.

Hypos (<3.9 mmol/L)

Please note you do NOT have to stick to the same meal/snack times as in hospital. It is important to get into a routine to suit your child's (and family's) day. The routine can be adjusted to school and family meal/snack times. Please discuss with the team.

Insulin ideally given 15min prior to eating if BGL >3.9 mmol/L

HYPOGLYCAEMIA (BGL < 3.9 mmol/L)

- Give glucose treatment as per guidelines (e.g., 10g glucose such as 60ml Lucozade or 7 glucose tablets)
- Re-test in 15-20min and test to ensure 3.9 mmol/L or above
- Once 3.9 mmol/L or above follow up with carbohydrate snack e.g., 1 slice of bread or 200ml milk
- If BGL remains less than 3.9 mmol/L re-treat with glucose

HYPERGLYCAEMIA (BGL ≥ 10 mmol/L)

- Corrections can be given if BGL is persistently ≥ 15 mmol/L for more than 2 hours.
- Check for ketones.
- If the result is ≥ 0.6 mmol/L call the diabetes team and leave a clear message stating your child's name, your contact phone number and that your child has ketones.
- If the result is < 0.6 mmol/L there is no need to call. See correction below.

CORRECTIONS FOR NEWLY DIAGNOSED

- Only give extra rapid-acting insulin as a correction (Novorapid).
- Ensure there has been 3 hours since the last dose of rapid-acting insulin.
- If BGL/SGL ≥ _____ give _____ unit(s) of rapid-acting insulin (Novorapid)
- If BGL/SGL ≥ _____ give _____ unit(s) of rapid-acting insulin (Novorapid)

If ≥ 15mmol/L AND ketones ≥ 0.6 mmol/L do NOT give a correction before talking with the diabetes team (see table above – Hyperglycaemia).



Government of **Western Australia**
Child and Adolescent Health Service

Perth Children's Hospital

Discharge Information Sheet

IMPORTANT INFORMATION

Monday – Friday: Please contact the triage nurse between the hours of **10am-12pm** for insulin dose advice and to answer any questions you might have. **Please ensure you have your white book at hand.**

Weekends & Public Holidays: You will need to contact the Diabetes Doctor On-Call for insulin dose advice using the details below.

Should you need to make contact with the diabetes team outside of these times, please see numbers below:

6456 1111 Diabetes Educator Triage Line

- 8.30am – 4.30pm, Mon - Fri (excluding public holidays)
- For any in-hours concerns or if you miss a call from the nurse
- Press "2" to leave a message (state your child's first & last name, your name & phone number, and the reason for the call)
- Please state you are Newly Diagnosed so the call can be directed to the appropriate nurse

This is NOT an emergency line; however, your call will be returned as soon as possible.

6456 5993 Diabetes Doctor On-Call (Emergency Service)

- Weekends & public holidays: call if your child's glucose levels are outside 4-15 mmol/L (ideally between 2pm-5pm) or
- Weekdays: for urgent after-hour concerns
- Leave a message and your call will be returned by a doctor
- Please state that your child is newly diagnosed

6456 2222 Perth Children's Hospital – ask for the Diabetes Doctor On-Call

Remember: Please leave a clear message, stating your child's name, your contact phone number and the reason for your call and that your child is newly diagnosed. Your call will be returned as soon as possible; however, there can be a delay if we are experiencing a high call rate. If your call is more urgent, please state this and the reason.

Please call 000 if your child is unconscious or unresponsive.

Once education is complete, you will need to call the diabetes triage line for insulin adjustments to talk with any of the diabetes educators (as noted above 6456 1111)

15 Hospital Avenue, Nedlands
Locked Bag 2010, Nedlands WA 6909

Ph 08 6456 2222
www.pch.health.wa.gov.au

Child and Adolescent Health Service
Perth Children's Hospital

DIABETES DISCHARGE CHECKLIST

Med Rec. No: .....
Surname: .....
Forename: .....
Gender: ..... D.O.B. .....

AFFIX LABEL HERE

Newly Diagnosed Safe for Discharge Checklist

Medical Staff	Initial, date
Family understand the diagnosis (explained by NP or Endocrinology consultant in detail)	
Discharge insulin doses with insulin correction plan charted	
Discharge prescription completed	
Staff Diabetes Educator	Initial, date
Admin tasks complete: Family completed paperwork, patient added to newly diagnosed log and community health nurse log	
Family aware that child is not to return to school until diabetes management plan complete	
Outpatient education appointments made and discussed with family	
Daily routine sheet provided	
Family aware of important phone numbers and the plan for calling in	
Family know how to record glucose and ketone levels in record book	
HiTH referral accepted for day 1 post discharge (if required)	
Continuous glucose monitor online account set-up and linked to PCH account (if applicable)	
Family has purchased and collected diabetes consumables	
Teacher liaison notified, consent forms completed and put in Teacher Liaison Box	
At least 1x carer has had insulin injection technique assessed as competent	
Family has working computer with videoconferencing capability to enable v/c appointments (phone not sufficient for v/c)	
Staff Ward Nurse	Initial, date
Family demonstrate an understanding of blood glucose and ketone monitoring. Family demonstrate safe technique with minimal prompting	
Discharge medications ordered as per prescriptions	
Family demonstrate insight of diabetes safety i.e. when leaving the ward understand need to take hypo kit and meter	
Allied Health	Initial, date
Dietitian has reviewed patient and delivered initial food education	
Social work has assessed family and communicated outcome to team	
Pharmacist has met with family and provided discharge counselling on medications	

Please contact the Diabetes Nurse Educator on Vocera if any concerns regarding discharge

PQ324050
DO NOT WRITE IN BINDING MARGIN
HCHPCFMR0808
PC742
09/21

DIABETES DISCHARGE CHECKLIST
MR808.00

Child and Adolescent Health Service
Perth Children's Hospital

DIABETES PHONE CONSULTS

Med Rec. No: .....

Surname: .....

Forename: .....

Gender: ..... D.O.B. .....

AFFIX LABEL HERE

DATE	INSULIN DOSE				BLOOD GLUCOSE LEVELS								COMMENTS
	B/F	L	D	Bed	B/F	MT	L	AT	D	Bed	MN	02	

NAME OF INSULIN: Wt: HbA1C: Phone No:

PQ220180

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HCHPCFMR0315

PC087
06/16

DIABETES PHONE CONSULTS

MR 315.00

Child and Adolescent Health Service
Perth Children's Hospital

DIABETES PHONE CONSULTS

Med Rec. No: .....

Surname: .....

Forename: .....

Gender: ..... D.O.B. .....

DATE	INSULIN DOSE				BLOOD GLUCOSE LEVELS								COMMENTS
	B/F	L	D	Bed	B/F	MT	L	AT	D	Bed	MN	02	

NAME OF INSULIN: Wt: HbA1C: Phone No:

DO NOT WRITE IN BINDING MARGIN

NEWLY DIAGNOSED GLUCOSE LEVEL REVIEWS

When your child is discharged from hospital, we ask you keep in regular contact with the diabetes team to assist with glucose level review and insulin adjustment.

As your journey begins, we ask that you call the diabetes triage line daily, Monday to Friday; then, as you travel further into the journey there is still a need to call us to review levels to suggest changes to maintain glucose levels as per table below (may be amended to individual needs).

Please call triage 6456 1111 option 2, share your child's name and request an insulin dose review for glucose level.

Daily calls 10am – 12pm	**From discharge home to Food 4**
Twice weekly calls **Monday 1pm – 3pm** **Friday 1pm – 3pm**	**From Food 4 to Clinic Visit 2**
Weekly calls **Wednesday or Friday 1pm – 3pm**	**From Clinic Visit 2 to Clinic Visit 4**
Fortnightly calls **Wednesday or Friday 1pm – 3pm**	**From Clinic Visit 4 to first appointment in regular clinic**

NEWLY DIAGNOSED CLINIC INFORMATION

- Newly Diagnosed clinic is on a Thursday morning at Clinic D on Level 1
- Meet with Endocrinologist, Diabetes Educator, Dietitian and Social Work
- Check your planner for appointment times and arrive on time, allow time for parking and checking into the hospital
- Please bring your child's blood glucose meter, finger pricker, hypo treatment and morning tea
- Whilst we try to see you at the scheduled time whenever possible, there may be some wait times. We provide some toys and colouring in, but please feel free to bring some activities to keep your child occupied
- If you need a medical certificate for work or a PATS form signed when attending clinic appointments, please let us know at your consultation

Due to the nature of this clinic there is limited capacity to change appointments; however, should you be unable to attend one of the scheduled sessions please contact pch.nddiabetesteam@health.wa.gov.au as soon as possible.