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The NICE British National Formulary (BNF) website is only available to users in the UK, Crown Dependencies and British Overseas Territories. If you think you see this page by mistake, please contact us. The guidelines for the management of children and young people under the age of 18 with diabetic ketoacidosis (DKA) have been amended. The paper, last updated in 2015, was amended by the British Society of Pediatric Endocrinology and Diabetes (BSPED) DKA Special Interest Group (SIG) and published by BSPED. The major changes in the DKA guidance for children and young people are related to the amount of intravenous fluid. It is important that all emergency departments and paediatric wards treating RKA in children and young people are aware of what is happening. The BSPED website states: Relatively limited data relating to DKA management has been revised. Where there is adequate evidence, these guidelines are based on such evidence. In many aspects of DNA management, the evidence base is limited and, where there is limited evidence, consensus recommendations have been consolidated. The organisation said the updated guidance should be published as an interim recommendation before the publication of the future NICE review. To read the updated recommendations, click here. Your responsibility when using NICE advice is children and young people present in primary care with suspected diabetes, sent and seen by the interdisciplinary pediatric diabetes team on the same day. Multidisciplinary paediatric diabetes teams can confirm a diagnosis of diabetes and provide immediate care. Children and young people whose diagnosis and care are delayed have a higher risk of developing diabetic ketoacidosis (DKA), which is life-threatening but preventable. Evidence of local arrangements and written clinical protocols to ensure that children and young people present in primary care with suspected diabetes were transferred and seen by a multidisciplinary paediatric diabetes team on the same day. Data source: Local data collection. The proportion of children and young people who are referred to the same day in primary health care with suspected diabetes and are referred to by an interdisciplinary group of pediatric diabetes. The numerator is the number in the denominator that mentioned and saw the interdisciplinary pediatric diabetes team on the same day. The number of children and young people who are marked in primary health care with suspected diabetes is significant. Data source: Local data collection. DKA presentations. Data source: Local data collection. Service providers (primary health care services) ensure that in the same way a multidisciplinary paediatric diabetes group has sent and seen in it systems for children and young people who are in primary care with suspected diabetes. Health Care (e.g. GPs) immediately refer children and young people who are in primary care with suspected diabetes to a multidisciplinary paediatric diabetes group to be treated on the same day. Commissioners (NHS England Regional Groups and Clinical Commissioning Groups) commission services that make sure that children and young people present in primary care with suspected diabetes are immediately referred and seen by the interdisciplinary pediatric diabetes team. Children and young people who see their GP with suspected diabetes are immediately referred to and seen in a team that specializes in caring for children and young people with diabetes. Symptoms of diabetes include feeling very thirsty or tired, needing to urinate more often than usual, or recent weight loss without trying. Recognized symptoms of diabetes in children and young people include another of the following: increased thirst, increased urination, excessive fatigue and recent unexplained weight loss. Plasma glucose levels above 11 mmol/litre indicate diabetes. Expert Consensus and Diabetes UK should be particularly considerate when communicating with children and young people with diabetes and their families or carers (as needed) if they have, for example, physical, cognitive or sensory problems associated with talking or reading English. Children and young people with type 1 or 2 diabetes diabetes diabetes are offered a diagnostic training program that is updated at least annually. Education is essential for self-diabetes and reducing the chances of complications. It should start with diagnosis and continue throughout a person's life. It is important to focus education on core topics and to adapt it to the individual needs and learning styles of a child or young person and their families or guardians (if necessary).) Evidence of local arrangements and written protocols to ensure that children and young people with type 1 diabetes are offered a diabetes education program from diagnosis, which is updated at least annually. (b) Evidence of local mechanisms and written protocols to ensure that children and young people with type 2 diabetes are offered a diabetes education programme with a diagnosis that is updated at least annually. The numerator is the number in the denominator who receive a diabetes education program from diagnosis that is updated at least annually. The number of children and young people with type 1 diabetes is a significant sign. (b) The proportion of children and young people with type 2 diabetes who are offered learning diabetes with a diagnosis that is updated at least annually. Numberer - number in who receive a diabetes education program from diagnosis that is updated at least annually. The number of children and young people with type 2 diabetes is significant. The quality of life. Data source: Local data collection. a) HbA1c 48 mmol/mole or below.c) Satisfaction with children, young people and their families or guardians (if necessary) through educational intervention. Service providers (middle-aged diabetes care services for children and young people) ensure that systems are put in place to provide children and young people with type 1 or type 2 diabetes, as well as their families or carers (if necessary) diabetes education, tailored to their individual needs and learning styles, and updated at least annually. Commissioners (NHS England regional groups and clinical commissioning groups) commission services that offer children and young people with type 1 or type 2 diabetes and their families or carers (if necessary) a diabetes education program from diagnosis, which is adapted to their individual needs and learning styles and updated at least annually. Commissioners (NHS England regional groups and clinical commissioning groups) commission services that offer children and young people with type 1 or type 2 diabetes and their families or carers (if necessary) a diabetes education programme from diagnosis that is updated at least annually. Children and young people with type 1 or type 2 diabetes, as well as their families or carers, are offered a diabetes training program when diagnosing diabetes. This education must continue throughout their lives, and be renewed every year. The program should teach them what they need to know about their condition and what changes they may need to make now that they have diabetes. This includes clear advice (designed specifically for each child or young person) on what to do when they are sick or have high blood glucose levels. An ongoing age-appropriate education programme, taking into account the need and revision at least annually. The diagnosis should include the following main topics: insulin therapy, including its goals, how it works, its way of delivering and adjusting the dosage of glucose in the blood monitoring, including goals for controlling blood glucose (blood glucose level and HbA1c) effects of diet, Physical Activity and Intertuberculosis disease to control blood glucose control of intertoxic disease (sick day rules, including monitoring of blood ketones (beta-hydroxybutyrate) detection and management of hypoglycemia Ongoing education program corresponding to age, taking into account the need and revision at least annually, and the targeted effects of diet, physical activity, body weight and intertuberculosis disease Blood glucose controls the purpose of metformin therapy and the possible side effects of type 2 diabetes complications and how to prevent them. Particular attention should be taken when communicating with children and young people with type 1 or type 2 diabetes and their family members or guardians (if necessary) if they have, for example, physical, cognitive or sensory problems associated with talking or reading English. Children and young people with type 1 diabetes are offered intensive insulin therapy and level 3 carbohydrate accounting for education when diagnosis. The goal of intensive insulin therapy is to achieve almost normal blood glucose levels, reduce the risk of long-term complications and improve the quality of life. Dietary management can also improve blood glucose control and HbA1c. When using intensive insulin therapy, it is important to compare the dose of insulin with the intake of carbohydrates, in accordance with the individual insulin-to-carbohydrate ratio (level 3 of carbohydrate accounting). Children and young people, their families or guardians (if necessary) should be taught how to do so when making a diagnosis. Evidence of local arrangements and written clinical protocols to ensure that children and young people with type 1 diabetes are offered intensive insulin therapy and level 3 of carbohydrate education in diagnosis. Data source: Local data collection. Proportion of children and young people with type 1 diabetes who are offered intensive insulin therapy and level 3 carbohydrate accounting of education at diagnosis. The numerator is the number in the denominator, which receives intensive insulin therapy and level 3 carbohydrate accounting of education at diagnosis. The number of children and young people with type 1 diabetes is a significant sign. Data source: Local data collection. a) HbA1c 48 mmol/mole or below.b) The quality of life. Service providers (middle-aged diabetes care services for children and young people) ensure that there are systems that provide intensive insulin therapy and level 3 carbohydrate counting when diagnosing children and young people with type 1 diabetes. Health professionals (those who provide diabetes services for children and young people) offer intensive insulin therapy and level 3 carbohydrate accounting education when diagnosing for children and young people with type 1 diabetes. Commissioners (NHS England regional groups and clinical commissioning groups) commission services that offer intensive insulin therapy and level 3 carbohydrate counting education when diagnosing children and young people with type 1 diabetes. Children and young people with type 1 diabetes are offered intensive insulin therapy (either multiple daily injections or insulin pump) and level 3 carbohydrate counting at diagnosis. A few daily means the introduction of long-acting (slow) insulin once or twice a day, and fast acting (fast) insulin insulin Have. Insulin pump is a small machine connected to your body that gives you insulin during the day, so you don't need to inject yourself. Level 3 counting carbohydrates means counting carbohydrates in food and beverages, so you can make sure you inject the right amount of insulin. Insulin therapy aims to achieve almost normal blood glucose levels. There are two types of intensive insulin therapy: intermediate or long-acting insulin, which is usually administered once or twice a day (basal), and fast-acting insulin, which is administered as needed before each meal and snack. A programmable pump and insulin storage device that provides a background or basal supply of insulin (either a quick-action analogue or a short-acting insulin) and insulin pain as needed, through a subcutaneous needle or cannula. Carbohydrate counting for people with type 1 diabetes who use intensive insulin regimens (multiple daily injections or insulin pump) includes calculating the ratio of insulin to carbohydrates that are individualized depending on age, gender, puberty, diabetes duration, time of day and activity. Insulin before meals is adjusted according to the estimated carbohydrate content in meals and snacks using these insulin-to-carbohydrate ratios. Particular care should be taken when communicating with children and young people with type 1 diabetes and their families or guardians (as needed) if they have, for example, physical, cognitive or sensory impairments of different cultural, ethnic or family backgrounds, so that health professionals have difficulty speaking or reading English. Children and young people with type 1 diabetes who have frequent severe hypoglycemia are offered ongoing real-time continuous glucose monitoring with anxiety. Continuous glucose monitoring helps children and young people with type 1 diabetes and their families or carers (as needed) respond more quickly to changes in blood glucose levels during the day. For children and young people with often severe hypoglycemia (especially those who have difficulty recognizing or reporting it), continuous glucose monitoring can help improve their blood glucose control and HbA1c. Evidence of local arrangements and written clinical protocols to ensure that children and young people with type 1 diabetes who have frequent severe hypoglycemia are offered ongoing real-time continuous glucose monitoring with anxiety. Data source: Local data collection. The proportion of children and young people with type 1 diabetes with frequent severe hypoglycemia that are offered is a real-time continuous glucose monitoring with anxiety. Numberer - number in that receive current real-time continuous glucose monitoring with alarm. The denominator is the number of children and young people with type 1 diabetes, who are often Source: Local data collection. a) HbA1c 48 mmol/mole or below.b) The quality of life. Service providers (secondary care providers) provide systems to offer constant real-time glucose monitoring with anxiety for children and young people with type 1 diabetes who have frequent severe hypoglycemia. Health professionals (such as consultants) offer current real-time continuous glucose monitoring with anxiety for children and young people with type 1 diabetes who have frequent severe hypoglycaemia. Commissioners (NHS England regional groups) commission services that offer current real-time glucose monitoring with anxiety for children and young people with type 1 diabetes who have frequent severe hypoglycaemia. Children and young people with type 1 diabetes who have frequent severe hypoglycaemia (hypo that they need help from someone else for treatment) are offered ongoing real-time continuous glucose monitoring with anxiety. It is a special equipment that checks a person's blood glucose all the time, without them having to do finger-prick tests. This sounds alarming if the blood glucose level drops too low. Having low blood glucose levels that require help from another person for treatment. Often this happens often enough to have a significant impact on school, work or quality of life. (Expert opinion and Diabetes.co.uk) Type of system for constant glucose monitoring. 'Ongoing' means that the device is used for weeks, months or longer. 'Real time continuous' means that the device takes real-time measurements as long as it is worn. Expert Opinion and Foundation for Juvenile Diabetes Research Children and young people with type 1 diabetes are offered strips for blood ketone analysis and a blood ketone counter. Insufficient insulin can lead to higher levels of ketone, which, if left untreated, can lead to progressive dehydration and diabetic ketoacidosis (DKA). The risk of CURE increases if a child or young person with type 1 diabetes has conditions such as flu or a urinary tract infection, or has missed some doses of insulin. NICE's Guide to Diabetes in Children and Young People suggests that blood ketone analysis is more cost-effective than ketone urine analysis to prevent hospitalization during interparty illness. It is important not to use outdated testing strips because the result may not be accurate. Education on how to prevent, detect and manage elevated ketone levels is also vital. Evidence of local mechanisms to ensure that children and young people with type 1 diabetes are offered to test the blood ketone and the blood ketone counter. Data source: Local data collection. Proportion of children and young people with type 1 diabetes who receive blood ketone and blood ketone meter. Numerator - the number in the denominator that receives tests of blood and blood ketone Meter. The number of children and young people with type 1 diabetes is a significant sign. Data source: Local data collection. a) DKA.b) Hospitalization rates. (c) Mortality.d) Satisfaction with children and young people with type 1 diabetes and their families or guardians (as needed) with blood ketone tests and blood ketone counters. Data source: Local data collection. Service providers (primary and secondary health care providers) ensure that systems are installed to ensure that children and young people with ketone type 1 ketone and blood ketone counter are installed. Health professionals (such as GPs and counselors) offer children and young people with type 1 diabetes blood ketone test strips and blood ketone meter, and advise them and their parents or carers on how to prevent, detect and manage elevated ketone levels. Children and young people with type 1 diabetes are offered strips for blood ketone analysis and a blood ketone counter to measure ketones in the blood. When people need more insulin (because they are sick or missed some doses of insulin) their body does ketones, and too many ketones can make people very ill - this is called diabetic ketoacidosis, or DKA for brevity. Particular care should be taken when communicating with children and young people with type 1 diabetes and their family members or guardians (as needed) if they have, for example, physical, cognitive or sensory problems associated with talking or reading English. Children and young people with type 1 or 2 diabetes are given access to mental health professionals with an understanding of diabetes. Psychological problems (such as anxiety, depression, behavioural problems, eating disorders, behavioural disorders and family conflicts) and psychosocial problems have a significant and adverse impact on the treatment of type 1 and type 2 diabetes, as well as on the overall well-being of children and young people and their families or guardians. Children and young people with diabetes are at high risk of anxiety and depression, and it is important that they have early access to mental health professionals when they need it. Mental health professionals who have an understanding of diabetes and the specific problems it causes are essential for the treatment of psychological interventions and interactions with children, young people and their families. Evidence of local mechanisms to ensure that children and young people with type 1 or type 2 diabetes have been offered access to mental health professionals with diabetes.a) The proportion of children and young people with type 1 diabetes, access to mental health professionals with an understanding of diabetes. Numerator - a denominator who have access to mental health professionals with an understanding of diabetes. Significant is the number of children and young people with type 1.b diabetes) The proportion of children and young people with type 2 diabetes who are given access to mental health professionals with an understanding of diabetes. The numerator is the number in the denominator who have access to mental health professionals with an understanding of diabetes. The significant number of children and young people with type 2 diabetes.a) self-management of type 1 and type 2 diabetes. Data source: Local data collection.b) Adverse events (e.g. severe hypoglycemic episodes, diabetic ketoacidosis (DKA) or self-harm). Source: Local data collection.c) The quality of life.d) The satisfaction of children, young people and their families or guardians (if necessary) through intervention. Data source: Local data collection.e) Anxiety or depression. Data source: Local data collection.f) Performance or school attendance. Data source: Local data collection. Service providers (secondary care providers) ensure that

systems provide children and young people with type 1 or type 2 diabetes access to mental health professionals with an understanding of diabetes. Health professionals (such as counselors) offer children and young people with type 1 or type 2 diabetes access to mental health professionals who have an understanding of diabetes and the specific problems it causes and can deliver psychological intervention and interact with children, young people and their families. Commissioners (NHS England regional groups and clinical commissioning groups) commission services that offer children and young people with type 1 or type 2 diabetes access to mental health workers with understanding of diabetes. Children and young people with type 1 or type 2 diabetes can see mental health professionals who understand the types of problems that people with diabetes may have. A mental health specialist should be one of the main members of the diabetes team. Multidisciplinary paediatric diabetes groups should include a psychologist and ensure access to them in due course. Every child and young person with type 1 or type 2 diabetes should have an annual assessment of their interdisciplinary team to decide whether they need the support of a psychologist. Particular attention should be taken when communicating with children and young people with type 1 or type 2 diabetes and their family members or guardians (as needed) if they have, for example, physical, cognitive or sensory problems associated with talking or reading English, an increased risk of psychological difficulties. Effective Intervention Library Effective Intervention Library People have the right to participate in discussions and informed decisions about their departure as both in your care. Decision-making using NICE guidelines explains how we use words to show the strength (or certainty) of our recommendations, and has information on prescribing drugs (including from the use of labels), professional guidelines, standards and laws (including consent and mental capacity), and protection. The recommendations in this guide reflect the view of NICE, which was established after careful consideration of the available evidence. In making their judgments, professionals and practitioners should take this guidance into full consideration, along with the individual needs, preferences and values of their patients or the people who use their services. The application of the recommendations is not mandatory and does not negate the obligation to make decisions consistent with a person's circumstances in consultation with them and their families, guardians or guardians. Local commissioners and health care providers have a responsibility to ensure that this guidance is applied when individual professionals and people using services want to take advantage of it. They should do so in the context of local and national priorities for financing and services development, and in view of their responsibilities to take into account the need to eliminate illegal discrimination, ensure equality of opportunity and reduce health inequalities. Nothing in this manual should be interpreted in a way that does not correspond to those responsibilities. The recommendations contained in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of health care providers to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their caregiver or guardian. Commissioners and/or providers are responsible for providing the funding required to make the recommendations that will be applied when individual health professionals and their patients want to use it, in accordance with the NHS Constitution. They must do so in the light of their responsibilities so that they must learn about the need to eliminate illegal discrimination, ensure equality of opportunity and reduce health inequalities. The recommendations contained in this interactive thread reflect the view of NICE, which was found after careful consideration Evidence. In making their judgments, health professionals should take these recommendations into full consideration. However, interactive does not negate the individual responsibility of health care providers to make decisions consistent with the circumstances of the individual patient in consultation with the patient and/or the guardian and/or guardian or guardian. Nothing in this interactive thread should be interpreted in a way that does not conform to these responsibilities. Way created: May 2011 Last updated: September 2020 © NICE 2020. All rights are reserved. Subject to notification of rights. Rights.

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