**Primary Care Management Guidelines**

**Diabetes**

These guidelines are to assist GPs to monitor and manage their patients in a primary care setting until clinical thresholds indicate that tertiary care is required. The clinical thresholds are defined in the guidelines, and may require diagnostic support from a local optometrist or ophthalmologist. Providing a detailed diagnostic report will assist with the triage of your referral into the most appropriate clinic, within clinically appropriate timeframes.

|  |
| --- |
| **IMMEDIATE REFERRAL** (Please discuss all urgent referrals with our Eye Admitting Officer by calling switchboard 9929 8666)* Sudden loss of vision
* Sudden control of previously high BSLs with new medication, rather than staggered improvement, can cause progression of retinopathy.
* For other indications for referral, please see below.
 |

### **Assessment**

* When was the patient first diagnosed with diabetes?

All patients when first diagnosed with diabetes require screening for eye disease.

* When was the last screening performed?

Screening needs to be performed every two years if baseline is normal. Screening can be performed by an Optometrist.

### **Primary Care Management**

* Request a Retinal Assessment, visual acuity and refraction by an Optometrist to detect any diabetic retinopathy

Optometrists are eye professionals qualified to undertake eye examinations with no cost to the patient. To find a local Optometrist please refer to the following link: <http://www.optometry.org.au/vic/find-an-optometrist/>

### **When to refer to the Eye and Ear**

* Diabetic retinopathy detected on dilated fundus examination or fundus photography (please provide photographs if available).

### **Information to include on the referral letter**

* Best corrected vision (or pinhole)
* Date diagnosed/duration
* Type I or II
* HbA1c (most recent within the last six months and previous three if available)
* Blood Pressure
* Fasting blood glucose
* U&E’s  /  creatinine
* Cholesterol (total, HDL, LDL, Trigs)
* Urine Micro Albumin (random/ spot urine)
* Previous eye treatment i.e. Retinal laser
* Current medications (including insulin)
* Other known diabetes complications

### **More information**

Return to our [Primary Care Management Guidelines](http://www.eyeandear.org.au/page/Health_Professionals/Referring_to_the_Eye_and_Ear/Pre-referral_guidelines)

Go to our [Referral Guidelines](http://www.eyeandear.org.au/page/Health_Professionals/Referring_to_the_Eye_and_Ear/Referrals)

[Factsheets](http://www.optometry.org.au/media/452259/nl_optometry_scope_of_practice_gp_2_page.pdf) for GPs on what services optometrists can provide, optometrists scope of practice and [how to find a local optometrist](http://www.optometry.org.au/vic/find-an-optometrist/).

Information on the [Australian College of Optometry](http://aco.org.au/) and services they provide.