COVID Pandemic study of urgent clinical presentations of childhood malignancy and new cases of childhood diabetes to Children’s Hospitals / Emergency Departments in UK: A Multicentre Quality Improvement project to inform public and professional guidance for children presenting with serious health concerns at the primary secondary care interface

Diabetes Mellitus

Centre: ___________________________ Gender: □ Male □ Female
Age at diagnosis: □ Under 5 □ 5-11 □ 12+ Patient from a BAME background: □ Yes □ No

- Initial symptom(s)
  □ polydipsia   □ polyuria  □ thirst  □ lethargy  □ weight loss
  □ other ___________________________

- Key dates (DD/MM/YYYY)
  Date of first symptom onset: ___________________________ □ Not known
  Date of first presentation to healthcare: ___________________________ □ Not known
  Date of diagnosis: ___________________________ □ Not known
  Date starting insulin treatment: ___________________________ □ Not known

Establishing the exact date could be difficult. In this situation please approximate as described:
- If the exact date can only be specified to the nearest week, please record this by entering the date of the first day of the week (Monday).
- If the exact date can only be specified to the nearest month, please record this by entering the first day of the month.
- If the information is not available, please select ‘not known’

Route to diagnosis

- Was the patient in COVID-19 self-isolation/shielding?
  □ No
  □ Yes   □ Confirmed case
  □ Possible contact with a confirmed case
  □ Clinical symptoms met
  □ Other ___________________________

- Who was the first healthcare professional (HCP) they contacted about the symptom(s):
  □ GP   □ Emergency doctor  □ Paediatrician  □ Nurse practitioner  □ Health visitor
  □ NHS 111  □ Other (please specify ____________)

- How many HCP contacts before diagnosis? __________

- Patient’s place of care when the definitive test (e.g. capillary/blood glucose) that identified the condition was requested:
  □ Primary care   □ Outpatient  □ Inpatient  □ A&E  □ Other ____________

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- Definitive test: ☐ Lab glucose ☐ POCT glucose ☐ Other ________________
  Result: ___________________

- Was this an incidental finding?
  ☐ No ☐ Yes - asymptomatic ☐ Yes - with non-specific symptoms

- What was the source of referral leading to diagnosis?

<table>
<thead>
<tr>
<th>Emergency presentation (A&amp;E)</th>
<th>☐ Self-referral ☐ GP referral ☐ MIU/Walk In Centre</th>
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<tbody>
<tr>
<td></td>
<td>☐ Emergency transfer from another hospital</td>
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<tr>
<td></td>
<td>☐ NHS 111 ☐ Other HCP (please specify) ____________</td>
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<tr>
<th>GP referral</th>
<th>☐ Routine referral ☐ Urgent referral to general paediatrician</th>
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<tbody>
<tr>
<td></td>
<td>☐ Urgent referral to specialist diabetic services ____________</td>
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<tr>
<th>Other</th>
<th>Please specify: ________________</th>
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- Any other comments about the patient’s journey to diagnosis

_______________________________________________________________________________
_______________________________________________________________________________

- Diabetic ketoacidosis at presentation

  ☐ No ☐ Yes

  Glucose level: ________________
  pH at presentation: ________________
  Ketones: ________________
  Bicarbonate: ________________
  GCS at presentation: ________________
  Cerebral oedema: ☐ No ☐ Yes
  Fluid resuscitation: ☐ No ☐ Yes amount: ________________
  Ventilation: ☐ No ☐ Yes ________________ days
  ITU stay: ☐ No ☐ Yes ________________ days

- Antibodies:
  Islet cell cytoplasmic antibodies (ICA) ☐ Negative ☐ Positive ☐ Not tested
  Glutamic acid decarboxylase antibodies (GAD) ☐ Negative ☐ Positive ☐ Not tested
  Insulin autoantibodies (IAA) ☐ Negative ☐ Positive ☐ Not tested
  Zinc Transporter 8 antibodies (ZnT8) ☐ Negative ☐ Positive ☐ Not tested
  Insulinoma-associated-2 autoantibodies (IA-2) ☐ Negative ☐ Positive ☐ Not tested
  Other: ________________