

## Referral Indications for Primary Health Care Institutions

(Recommended by Chinese Diabetes Society)

The referral priority will be determined by the health record within the Graded ROADMAP App, based on the results of blood glucose monitoring or complication screening. The priority of the referral will affect the suggestive timeframe to seek treatment at higher level healthcare facilities (community health service center/township hospital/hospital).

### 1. Urgent referral

Patients with type 2 diabetes who present following indications will be suggested immediate refer to emergency or to higher level healthcare facilities within 7 days:

#### 1.1 Diabetic ketosis or ketoacidosis

Blood glucose: 16.7-22.2mmol /L (300-400mg /dl); U-Ket: positive

#### 1.2 Diabetic Nonketotic Hyperosmolar Syndrome

Blood glucose  $\geq 33.3$  mmol/L; U-Ket: negative or weak positive

#### 1.3 Hypoglycemia

Hunger, palpitation, clammy limbs, whether or not accompanied by conscious disturbance: blood glucose  $\leq 3.9$ mmol/L ( $\leq 70$ mg/dl)

### 2. Routine referral

Patients with type 2 diabetes presenting following indications will be suggested a referral to higher level healthcare facilities within 30 days:

#### 2.1 New patient (patient at her/his first visit)

2.1.1 Serious or deterioration metabolic derangement symptoms, such as thirst, excessive drinking,

polyuria, polyphagia, wasting, fatigue, etc.;

**2.1.2** First occurrence of target organ damage, such as coronary heart disease (myocardial infarction) caused by heart, vascular lesions, ischemic or hemorrhagic cerebrovascular disease, intermittent claudication, lower limb pain, and limb damage, ulcer, gangrene;

**2.1.3** Foam urine, urine protein appears;

**2.1.4** Blurred vision;

**2.1.5** Painful neuropathy or abnormal feelings in the lower limbs or the upper and lower extremities, such as hosiery, glove, and numbness, acupuncture, burning, or dull pain, tingling or burning pain;

**2.1.6** Multiple infection;

**2.1.7** Pregnant and breastfeeding women;

**2.1.8** Diabetes perioperative period;

**2.1.9** Comorbidity such as liver and kidney dysfunction;

**2.1.10** Other severe situations which require hospitalization or intense medication from higher level healthcare facilities.

## **2.2 Follow-up patient**

**2.2.1** Consistent poorly controlled blood glucose at 2 follow-ups, with regular treatment;

**2.2.2** Well-controlled blood glucose with recurrent elevated blood glucose and not responding to current treatment;

**2.2.3** Patient with fluctuant blood glucose and difficult to manage at current healthcare facility;

**2.2.5** Newly detected target organ damage during the follow-ups;

**2.2.6** Newly occurred unexplainable adverse reactions during anti-diabetic drug treatment.