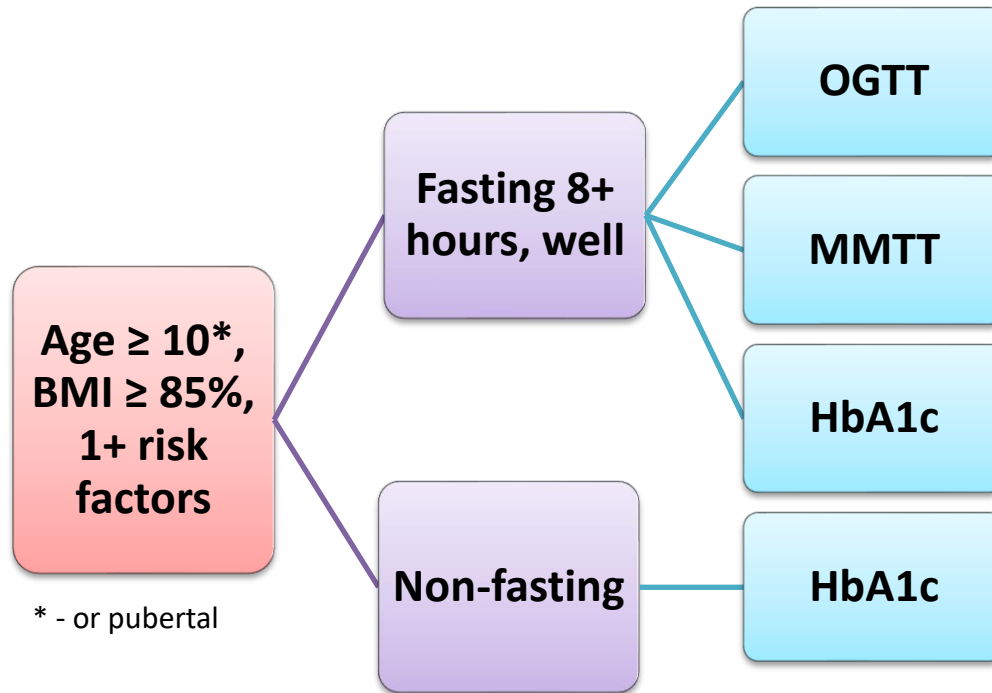


Diabetes screening in asymptomatic children



Risk factors

1. 1° or 2° relative w/ DM2
2. Race/Ethnicity: AA, HA, API, AI
3. Maternal h/o gestational DM
4. Signs of insulin resistance (PCOS, acanthosis, HTN, dyslipidemia, h/o SGA)

OGTT = Oral Glucose Tolerance Test

After 8+ hr fast, check fasting BG, drink 1.75g/kg glucola max 75g, check 2 hour BG
Venous lab draws – more accurate

MMTT = Mixed Meal Tolerance Test

After 8+ hr fast, check fasting BG, eats regular meal, check 2 hour BG
POC testing – less accurate

Normal

- fasting < 100 and/or
- 2 hour < 140 and/or
- HbA1c < 5.7%

Prediabetes

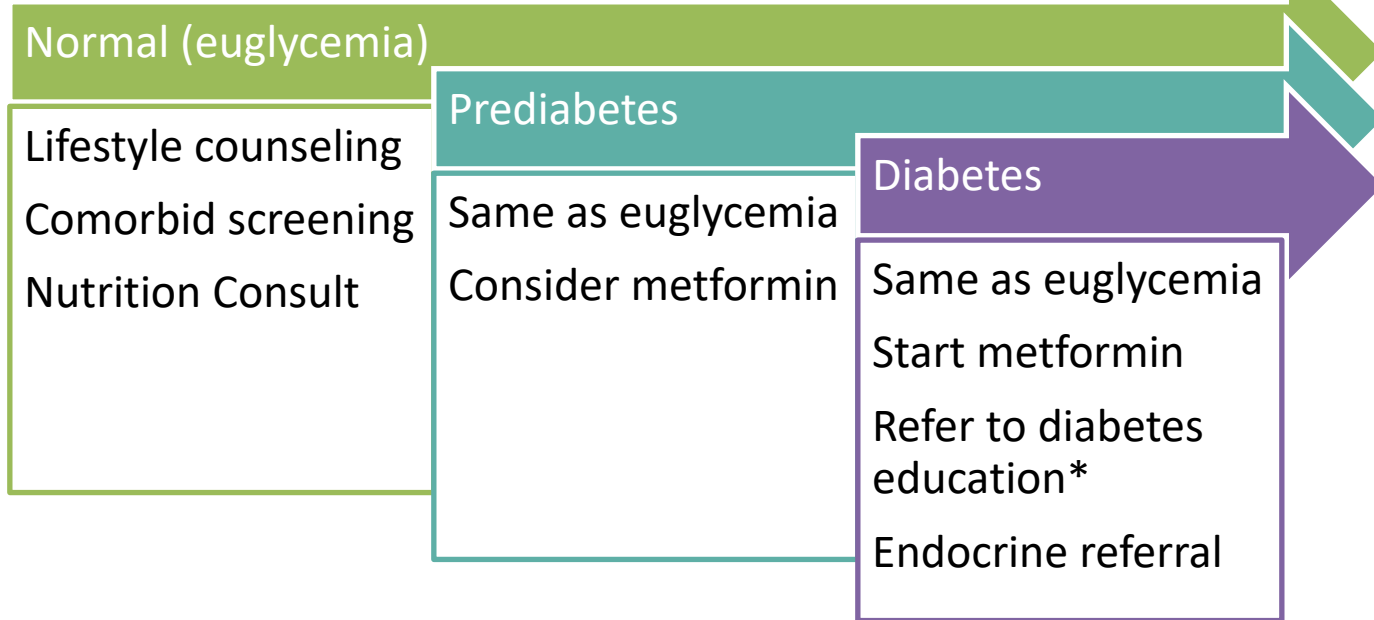
- fasting 100-125 and/or
- 2 hour 140-199 and/or
- HbA1c 5.7-6.4%

Diabetes

- fasting ≥ 126 and/or
- 2hour ≥ 200 and/or
- HbA1c ≥ 6.5%

If equivocal results, then repeat testing

Diabetes screening in asymptomatic children



Starting Metformin

- 500 mg PO BID with food
- 1 week increase to 1000 mg PO BID as tolerated
- Switch to XR if GI s/e

Comorbid screening

- Lipids**
- AST/ALT
- PCOS
- OSA

Call endo immediately if

- A1c above 8%
- Abnormal A1c but non-obese
- symptoms of hyperglycemia
- Concern for T1D***

* - in lieu of nutrition. Inside the referral order, refer internally to "LALK DIABETES & NUTRITION"

** - as part of AAP cardiovascular health guidelines <https://doi.org/10.1542/peds.2009-2107C>

*** - discuss with endo on measuring antibodies, if concern of DKA, send to peds ED