



# TIMING OF CONSULTING PAEDIATRIC ENDOCRINOLOGIST OR DIABETOLOGIST DURING THE MANAGEMENT OF ACUTE DKA; RESPONSE OF BAHRAINI, IRAQI, AND SAUDI PAEDIATRIC RESIDENTS

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## INTRODUCTION

Diabetic ketoacidosis (DKA) is a known complication of diabetes mellitus, mainly type1. It is a medical emergency condition. The recent British paediatric DKA guideline clearly recommends involving a senior clinician at time of diagnosis, usually either an emergency medicine or general paediatric doctor. There is no clear recommendation of when to consult the on-call paediatric endocrinologist or diabetologist who covers the admission of diabetic cases.

## AIM

This comparative analytic study aims to review the response of Bahraini, Iraqi, and Saudi paediatric residents throughout their different levels of training, regarding when would they consult the on-call consultant covering diabetes.

## METHOD

An online survey was sent out to the paediatric residents practicing in Bahrain, Iraq, and Saudi Arabia between May and July 2020. The questionnaire included a question asking about the timing of when to consult the paediatric endocrinologist during management of acute DKA, giving them four different options.

## RESULTS



**Table 1: Variable responses of residents to a question of When to consult the endocrinologist during management of DKA?**

Response Option	Bahrain (n=41)	Iraq (n=41)	Saudi Arabia (n=60)
Whilst the patient is still in emergency room	12 (29%)	16 (39%)	28 (47%)
Within 2 hrs of admitting the child	10 (24%)	7 (17%)	12 (20%)
Only if the child required PICU admission	12 (29%)	6 (15%)	9 (15%)
Not sure	7 (17%)	12 (29%)	11 (18%)

## CONCLUSIONS

There was a noticeable variation of approaches from the paediatric residents. Uncertainty of when to consult the on-call clinician who covers diabetes was evident. Exploring the practice from different countries would be warranted and a recommendation from the international societies could be useful to unify the approach and ensuring patients' safety

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