Suspected type 1 diabetes in a child: transfer

Assume that today's date is 5 November 2026. It is 11:45. Quique Valentin is awaiting the ambulance arranged for immediate hospital assessment. This is original independent practice material; all patient-specific findings, reports and arrangements are fictional. You are the general practitioner assessing Quique Valentin today. Using the case notes, write a transfer letter to Dr Maristela Solsona, Paediatric Receiving Doctor, Emergency Paediatric Service, 24 High Street. Request urgent assessment and management of suspected type 1 diabetes, distinguishing the conflicting accounts of symptom onset from your verified findings. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Quique Valentin; male	☐	☐	☐
2. DOB: 18/06/2017; 9 yrs	☐	☐	☐
3. GP assessment: 05/11/26, 11:20; mother present	☐	☐	☐
Social background			
4. Lives with mother; attends primary school	☐	☐	☐
5. Enjoys drawing animals and collecting stickers	☐	☐	☐
6. Mother complains that school receptionist is rude	☐	☐	☐
7. Family planning a birthday picnic for his cousin	☐	☐	☐
Medical history			
8. Previously well; no known diabetes	☐	☐	☐
9. No regular medicines	☐	☐	☐
10. No known drug allergies	☐	☐	☐
11. Grommets aged 4; no ongoing ear problems	☐	☐	☐
Reported symptoms			
12. Mother: ↑ thirst/nocturia for 3 days only; denies earlier symptoms	☐	☐	☐
13. Mother: bedwetting twice this week; previously dry overnight	☐	☐	☐
14. Mother: no vomiting or abdominal pain	☐	☐	☐
15. School's written report: frequent toilet visits/water-bottle refills for 2/52	☐	☐	☐
16. School report: tired during lessons this week	☐	☐	☐
17. School did not measure fluid intake or urine volume	☐	☐	☐
Reported symptoms			
18. Mother disputes school's earlier symptom timing	☐	☐	☐
19. School: looks thinner; weight loss unconfirmed	☐	☐	☐
Current assessment			
20. Weight 28 kg today; no previous measurement available	☐	☐	☐
21. Clinic capillary blood glucose: 18.6 mmol/L	☐	☐	☐
22. Fresh urine tested here: glucose 3+, ketones 1+	☐	☐	☐
23. Temperature 36.8°C	☐	☐	☐
24. Alert, conversing normally; breathing unlaboured, no deep respirations	☐	☐	☐
25. Pulse 98/min; BP 104/66 mmHg	☐	☐	☐
26. Respiratory rate 20/min	☐	☐	☐
27. Mildly dry oral mucosa; abdomen soft, non-tender	☐	☐	☐
Assessment and transfer plan			
28. Suspected T1DM; DKA not excluded — blood gas unavailable here	☐	☐	☐
29. No insulin or IV fluids given	☐	☐	☐
30. 11:40: Dr Maristela Solsona accepted immediate assessment/treatment; ambulance transfer arranged	☐	☐	☐
31. Mother accompanying; child remains supervised in clinic until handover	☐	☐	☐
32. Mother understands urgent hospital assessment needed; school report accompanying letter	☐	☐	☐