ADA screening recommendations for T2DM childhood:

Overweight BMI >85th percentile for age and sex and >10 years of age or onset of puberty if puberty occurs at younger age plus any two of the following risk factors:

- Family history of T2DM in first or second degree relatives
- Race/ethnicity (Native American, African-American, Latino, Asian-American, Pacific Islander)
- Signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, or polycystic ovarian syndrome)

**Normal**
- Fasting glucose <100
- OR Hgb A1c <5.8%
- OR 2 hr OGTT <140 mg/dl

Continue to screen every 2 years if screening criteria are met

**Impaired Glucose Tolerance**
- Fasting glucose 100-125
- OR Hgb A1c 5.8% - 6.5%
- OR 2 hr OGTT 141-200 mg/dl

Perform 2 hr OGTT if not done already
- Baseline fasting glucose
- Glucola 1.75 mg/kg up to 75 grams orally
- 2 hour serum glucose

**Diabetes**
- Fasting glucose >126
- OR Hgb A1c >6.5%
- OR 2 hr OGTT >200 mg/dl

Urgent referral to Pediatric Endocrinology

*Note the absence of measured insulin levels in the evaluation of diabetes*

Please note these are screening recommendations for asymptomatic T2DM. Any child who presents with symptoms of diabetes (e.g. polyuria, polydipsia, weight loss) should be tested immediately.