

Thyroid Referrals

There are several reasons why a child may have elevated TSH without the need for thyroid medication. Some of these reasons include sick euthyroid syndrome (when thyroid functions are obtained during a period of illness), obesity, and if there is underlying stress in the body that causes fluctuation in thyroid levels. Children may have transient, mild thyroid function abnormality that is not urgent, but is a cause for reevaluation by the Pediatrician before Endocrine referral.

These times include:


When the TSH is between 6 - 9.9 and normal Free T4, but negative antibodies (thyroid peroxidase and thyroglobulin antibody) or antibodies have not been measured. Repeat the TSH and Free T4 in 3 months during a period of wellness and if the levels continue to be abnormal, or at that time you obtain positive thyroid antibodies, refer to Endocrine.

When TSH < 6 and normal Free T4 the Pediatrician may recheck thyroid functions in 6 months, during a period of wellness and couple with thyroid antibodies. Consider referring to Endocrine if thyroid antibodies are positive, the TSH is >10, or the Free T4 is low.

Obesity

Obesity should be addressed at each well child check with the Pediatrician. The following labs should be considered per current AAP guidelines in the overweight or obese child age 10 years or older: fasting lipid panel, A1c, liver enzymes. AAP guidelines may be updated. Routine screening of thyroid function is not recommended for the Pediatrician to obtain unless there is a concern for poor linear growth. Investigation of insulin level is unnecessary and does not offer clinical significance in the primary care setting. Elevated insulin level is not a cause for Endocrine referral in the obese child if there is no glucose or A1c abnormality. Referral to Endocrine should be considered with elevated A1c (5.8% or greater) and patients will be scheduled accordingly. Consider referral to ACNW Nutrition clinic for ambulatory visits and continue to counsel the patient on the need for weight loss. Liver enzyme abnormality and hypertension are not Endocrine related concerns and should be referred to the appropriate service. Patients with elevated fasting glucose (>100), elevated blood pressure, and abnormal fasting cholesterol (triglycerides >250, HDL <30) may be evaluated for metabolic syndrome.

The Clinic for Obesity and Endocrine Disorders Program is currently on pause. Consider referring to Endocrine if above criteria is met, or utilize the ambulatory Nutrition Clinic.



Weight Loss

Patients should be referred to endocrine with concerns of weight loss or poor growth in the setting of Graves' disease or Addison's Disease (signs and symptoms concerning for Addison's Disease may include weight loss, cyclical vomiting, hyperpigmentation, weakness, and fatigue). Please send documentation of labs. We are unable to schedule patients accordingly without laboratory analysis, as these patients may need to be seen urgently. Outside of these concerns, patients should be referred to the appropriate service.

Hypoglycemia

Patients should have documented episodes of low glucose by the referring provider and labs will be reviewed to assess urgency for placement.

Known Type 1 Diabetes Needing to Establish Care

Please know that ACH continues to accommodate patients as soon as possible and they are required to attend a Diabetes 101 Class to establish care with our facility as a best practice standard. In the interim, there may be a lengthy wait for care. The Pediatrician is an invaluable resource in the child's care as the patient and family may need medications and orders filled prior to establishing care with our diabetes team. ACH cannot write orders, send prescriptions, or help with medical equipment for patients that have not established care.

Consider refilling insulins as prescribed by the previous provider (obtain clinic note). When prescribing insulin, pay close attention to sending the prescription for 100u/ ml formulation. All children who are prescribed insulin should also be prescribed an emergency medicine for severe hypoglycemia such as Glucagon, Baqsimi, or Gvoke.

Children with Type 1 Diabetes who attend public school generally require school order sets each calendar school year for the school nurse to provide care. Consider downloading the Diabetes Medical Management Plan and completing with the family. A general form can be found on the American Diabetes Association Website. Once the family has established care with ACH, we will provide a new Diabetes School Order Set.