

Cook Children's Endocrine and Diabetes program

Pituitary disorders

The clinical recommendations listed below are not mandatory standards, and are not intended to be medical advice, but rather a set of recommendations for clinical evaluation and care. These recommendations are not a substitute for reasonable clinical judgment and decision making and do not exclude other options. Clinical care must be individualized to the specific needs of each patient and interventions must be tailored accordingly.

Disorder	Signs/symptoms	Suggested lab workup prior to referral	Comments
Pituitary tumor	• Slow growth • Polydipsia/polyuria • Unexplained headaches • Visual field deficits	Labs: • Electrolytes • Urinalysis • IGF-1 • IGFBP- 3 • TSH • Free T4 • Prolactin	If not available within the Cook Children's EMR, please send: • A copy of the MRI scan of the brain. • Growth charts.
Galactorrhea or hyperprolactinemia	• Amenorrhea • Galactorrhea • Unexplained headaches	Labs: • Prolactin • TSH • Free T4	Consider beta HCG in females who may be sexually active. Not needed: MRI scan of the pituitary.



682-885-1940

To better serve our treating clinicians, we can assist you with:

- Non-emergent transfer requests
- Direct admissions
- Specialist consultations



COOK CHILDREN'S
ENDOCRINE AND DIABETES PROGRAM
1500 Cooper St. | Fort Worth, TX | 76104
682-885-7960
cookchildrens.org

Cook Children's Endocrine and Diabetes program

Disorder	Signs/symptoms	Suggested lab workup prior to referral	Comments
Hypopituitarism	• Signs/symptoms of hypopituitarism • Unexplained hypoglycemia • Midline defects (e.g., septo-optic dysplasia, cleft lip and palate) • Previous pituitary/hypothalamic surgery or radiation	Labs: • 8 AM cortisol • Serum sodium • Free T4 • TSH • LH • FSH • Testosterone (males) • Ultrasensitive estradiol (females) • Prolactin • Urinalysis - first morning void	For infants and young children suspected of having hypopituitarism, please contact Cook Children's Endocrine and Diabetes program and request an urgent appointment.
Diabetes insipidus	• Polyuria • Polydipsia • Unexplained hypernatremia	Labs: • Serum - Sodium - Osmolality • Urine - Sodium - Osmolality • BUN/creatinine • Glucose • Serum calcium • Urinalysis	For infants and young children suspected of having diabetes insipidus, please contact Cook Children's Endocrine and Diabetes program and request an urgent appointment.

Pituitary disorders

Disorder	Signs/symptoms	Suggested lab workup prior to referral	Comments
SIADH	Unexplained hyponatremia	Labs: - Serum - Sodium - Osmolality - Urine - Sodium - Osmolality - BUN - Creatinine - Free T4 - TSH 8 AM cortisol - Urinalysis	
Cerebral salt wasting	- Unexplained hyponatremia - Volume depletion/hypotension - Dehydration	Labs: - Serum - Sodium - Osmolality - Urine - Sodium - Osmolality - BUN - Creatinine - Free T4 - TSH 8 AM cortisol - Urinalysis	

Evaluation and referral guidelines

Tips for an effective visit:

- Inform the child and family about the reason for the referral and what to expect.
- Ensure all recommended evaluations have been completed prior to the child's scheduled endocrine appointment.
- Provide relevant insurance information (copy of insurance card if available), clinic notes, growth charts, laboratory test and other diagnostic test results.

Referral priority



EMERGENCY

Hospitalization anticipated/required

Cook Children's Emergency Department
682-885-4095

Teddy Bear Transport
1-800-KID-HURT

Notify endocrinologist on call
682-885-4000



URGENT

Outpatient visit needed within 1-5 days

Contact endocrinologist on call at 682-885-4000



ROUTINE

First available appointment

Fax request for referral to 682-885-1327



NOT SEEN

New patient referrals > 18 years of age

All referrals are seen as soon as scheduling and staffing permit. If there are concerns about a delay in a child's scheduled outpatient appointment, if the child's condition deteriorates or if other circumstances require the child to be evaluated sooner, please contact the endocrinologist on call.

Our staff



Paul Thornton, M.D., medical director

John Dallas, M.D.

Alejandro De La Torre, M.D.

Kristen Favela, M.D.

Susan Hsieh, M.D.

Jill Radack, M.D.

Sani Roy, M.D.

Joel Steelman, M.D.

Larry Swanson, M.D.

Teena Thomas, M.D.

Michael Willcutts, M.D., Ph.D.

Don P. Wilson, M.D.

Teresa Newman, CPNP

Lisa Truong, CPNP



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