Cook Children's Endocrine and Diabetes program

Thyroid 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
Goiter **Symmetrically-enlarged thyroid gland by visual inspection and/or palpation.**	• Without palpable nodules. OR • Without abnormal/ suspicious cervical lymph nodes.	Labs: • Free T4 • Total T3 • TSH • Thyroid peroxidase antibody • Thyroglobulin antibody • Thyroid-binding inhibitory immunoglobulin (TBII)	Not needed: • Thyroid scan • Thyroid ultrasound • Total T4 • Free T3
Goiter **Asymmetrically enlarged thyroid gland by visual inspection and/or palpation.**	• Palpable thyroid nodule(s). AND/OR • Abnormal anterior cervical lymph nodes.	Suggested work-up prior to referral Labs: • Free T4 • Total T3 • TSH • Thyroid peroxidase antibody • Thyroglobulin antibody • Thyroid-binding inhibitory immunoglobulin (TBII) Imaging: • Thyroid ultrasound	Not needed: • Thyroid scan • Total T4 • Free T3

Cook Direct Connect

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

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
Thyroid nodule	• Palpable thyroid nodule(s). • History of head/ neck radiation. • Family history of thyroid cancer.	Labs: • Free T4 • Total T3 • TSH • Thyroid peroxidase antibody • Anti-thyroglobulin antibody Imaging: • Thyroid ultrasound	Not needed: • Thyroid scan • Total T4 • Free T3
Acquired hypothyroidism	• Fatigue • Short stature • Slow linear growth • Irregular menses/ amenorrhea	Labs: • Free T4 • TSH • Thyroid peroxidase antibody • Thyroglobulin antibody If the TSH is normal or low and the FT4 is low, then refer to endocrine. If the TSH is elevated, and the thyroid gland is enlarged and/or thyroid antibodies are positive, then refer to endocrine.	Not needed: • Thyroid scan • Thyroid ultrasound • Total T4 • Free T3 Mild elevations in TSH (5-10 uU/ml) are commonly seen in children who are obese. In the obese child with mildly elevated TSH, referral to endocrine is generally unnecessary, unless the free T4 is abnormally low and/or the thyroid gland is enlarged and/or TSH is >10 uU/ml.
Congenital hypothyroidism	• Abnormal newborn screening test • Persistent jaundice • Macroglossia • Developmental delay	Labs: • Free T4 • TSH	Newly diagnosed patients with suspected or proven congenital hypothyroidism require URGENT consultation. Not needed: • Total T4 • Free T3

Cook Children's

COOK CHILDREN'S
ENDOCRINE AND DIABETES PROGRAM
1500 Cooper St. | Fort Worth, TX | 76104

Thyroid disorders

Disorder	Signs/symptoms	Suggested lab workup prior to referral	Comments
Thyrotoxicosis	• Weight loss • Tachycardia • Heat intolerance	Labs: • Free T4 • Total T3 • TSH • Thyroid peroxidase antibody • Thyroglobulin antibody • Thyroid-binding inhibitory immunoglobulin (TBII) • Complete blood count (CBC) • Comprehensive metabolic profile (CMP)	Not needed: • Thyroid scan • Thyroid ultrasound Once the diagnosis of neonatal hyperthyroidism is suspected/ confirmed, refer to pediatric endocrinology ASAP.
Neonatal hyperthyroidism or "neonatal Graves' disease	• Current or previous maternal history of hyperthyroidism.	Labs: • Free T4 • Total T3 • TSH • Thyroid-binding inhibitory immunoglobulin (TBII)	Not needed: • Thyroid scan • Thyroid ultrasound Once the diagnosis of neonatal hyperthyroidism is suspected/ confirmed, refer to pediatric endocrinology ASAP.

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.
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

Cook Direct Connect

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

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

1/20*