

Endocrinology Referral Guidelines

Thank you for trusting the ULPS Endocrinology Clinic with the care of your patients. To ensure we deliver the best possible support, our on-call endocrinologist personally reviews each referral. We will reach out to your office if additional information is needed. Providing the details below will help us get your patient scheduled as quickly as possible. Please don't hesitate to call if you have questions or need assistance!

Clinic number: 901-287-7337

To speak with a physician, call 901-287-4408 and ask for the endocrinologist on call.

For all referrals to endocrinology, please include:

- Clinic visit note(s) relevant to the referral
- All lab results relevant to the referral
- Growth charts for both height and weight (*Note: if you have only seen the patient once, please note that in referral and provide height and weight from that instead*)
- Demographic information and documentation of referral order
- Contact information for your provider in case our provider has questions

URGENT REFERRALS — Please call 901-287-4408 and ask to speak with on-call endocrinologist for urgent referrals, including:

- HgbA1c > 9% or serum glucose > 250 mg/dL
- Neonate with abnormal thyroid function
- Hyperthyroidism with elevated heart rate/BP for age and/or free T4 > 2.5 ng/dL
- Severe calcium disturbances
 - Total calcium < 7 mcg/dL or ionized calcium < 0.9 mmol/L
 - Total calcium > 12 mcg/dL or ionized calcium > 1.5 mmol/L

Workup that can expedite referrals, by diagnosis/concern

CONCERN	RECOMMENDED WORKUP	COMMENTS
Diabetes	<ul style="list-style-type: none">• Hemoglobin A1c (if 6.5-7.5%, obtain repeat study to confirm)• Fasting glucose• Type 1 diabetes autoantibodies<ul style="list-style-type: none">○ GAD65 antibody○ Insulin antibody○ IA2 antibody○ Zinc transporter 8 (ZnT8) antibody○ Islet cell antibody	<ul style="list-style-type: none">• If DKA is suspected, send to ED immediately• Contact endocrinologist on call for A1c ≥ 9% or glucose > 250 mg/dL• Consider referring patients with prediabetes (A1c 5.7-6.4%) and obesity but negative autoantibodies to HLC (see below)
Hypothyroidism	<ul style="list-style-type: none">• TSH and free T4• Thyroid antibodies<ul style="list-style-type: none">○ Thyroid peroxidase (TPO) antibody○ Thyroglobulin antibody• Consider thyroid ultrasound if thyroid exam is abnormal	<ul style="list-style-type: none">• Obesity often causes mild elevation of TSH (≤ 10 uIU/mL); this doesn't require evaluation or treatment if free T4 is normal and antibodies are negative
Hyperthyroidism	<ul style="list-style-type: none">• TSH, free T4, and total T3• Thyroid antibodies<ul style="list-style-type: none">○ Thyroid stimulating immunoglobulin (TSI)○ Thyroid peroxidase (TPO) antibody○ Thyroglobulin antibody	<ul style="list-style-type: none">• Please check and document heart rate and blood pressure• Contact on call endocrinologist for free T4 > 2.5 ng/dL or hyperthyroidism with elevated heart rate/BP

CONCERN	RECOMMENDED WORKUP	COMMENTS
Thyroid enlargement or nodules	<ul style="list-style-type: none"> • Thyroid ultrasound 	<ul style="list-style-type: none"> • For thyroid nodules, please refer to ENT as well
Girls under age 8 with breast development	<ul style="list-style-type: none"> • Bone age x-ray • TSH and free T4 • Pediatric LH, FSH, and estradiol (adult versions of these tests are unhelpful) 	<ul style="list-style-type: none"> • Growth chart is particularly important in these patients
Boys under age 9 with testicular enlargement	<ul style="list-style-type: none"> • Bone age x-ray • Pediatric LH, FSH, and testosterone (adult versions of these tests are unhelpful) • HCG and AFP tumor markers 	<ul style="list-style-type: none"> • Growth chart is particularly important in these patients
Girls under age 8 or boys under age 9 with pubic/axillary hair or body odor	<ul style="list-style-type: none"> • Bone age x-ray • 17-hydroxyprogesterone, androstenedione, and DHEA-sulfate • Pediatric testosterone (adult version of this test unhelpful) 	<ul style="list-style-type: none"> • Growth chart is particularly important in these patients

General Referral Guidelines for Obese/Overweight Patients

Best seen in Endocrinology	<ul style="list-style-type: none"> • Diagnosis of diabetes <ul style="list-style-type: none"> ○ HgbA1c \geq 6.5% on two occasions ○ HgbA1c \geq 8% once ○ 2 hour glucose \geq 200 mg/dL on oral glucose tolerance test ○ Fasting serum glucose (not point of care) $>$ 125 mg/dL on two occasions ○ Random serum glucose (not point of care) $>$ 200 mg/dL with polyuria and polydipsia • Positive T1D autoantibody • Oligomenorrhea or amenorrhea • Elevated free or total testosterone • Child under age 4 years with rapid weight gain • Rapid weight gain with slow linear growth in prepubertal or early pubertal child • Precocious or delayed puberty • Hypothyroidism with TSH $>$ 10 uIU/mL, free T4 below normal, and/or positive thyroid antibodies
Consider referral to Healthy Lifestyle Clinic (HLC)	<ul style="list-style-type: none"> • Age 2-17 years with BMI $>$ 95th percentile (all HLC patients must meet these criteria) • Insulin resistance and/or acanthosis nigricans • Prioritized patients include those with severe obesity (BMI$>$99th percentile) interested in medication and/or with a major comorbidity (e.g., prediabetes (HgbA1c 5.7 - 6.4%), hypertension requiring medication, severe NASH)
Consider referral to Lipid Clinic in Cardiology	<ul style="list-style-type: none"> • Elevated total cholesterol • Elevated LDL cholesterol • Elevated triglycerides
Consider referral to Gastroenterology	<ul style="list-style-type: none"> • Elevated transaminases