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<p>Diagnosis/symptom for Growth Disorders</p> <p>Short Stature</p> <p>Note: Growth is better evaluated after age 2 years. Please note that poor weight gain in the face of normal linear growth is evaluated in the Seattle Children's Nutrition Clinic. Exceptions include infants with midline abnormalities or males with hypospadias or cryptorchidism.</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>History and physical exam:</p> <p>LABS:</p> <ul style="list-style-type: none"> • TSH • Free T4 OR T4 • Electrolytes • Blood Count • IGF-1 • Chromosomes <p>RADIOGRAPHIC STUDIES:</p> <ul style="list-style-type: none"> • Bone Age 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Child is less than 5th percentile in height • Strongly recommend referral if child is > 2 years old and growth velocity less than 4 cm a year for greater than 1 year 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Essential: <ul style="list-style-type: none"> • Prior growth data/growth charts • Relevant laboratory studies • Have patient bring bone age X-ray to clinic, if done • Pertinent medical records • Results of any additional tests 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • History, physical exam, evaluation of growth charts • Evaluation of prior labs if available • Additional labs if needed • Monitoring of interval growth
<p>Tall Stature</p>	<p>History and physical exam:</p> <p>LABS:</p> <ul style="list-style-type: none"> • TSH • Free T4 OR T4 • Electrolytes • Blood Count • Growth Hormone • IGF-1 • Chromosomes 	<ul style="list-style-type: none"> • Child is > 2 years old and is greater than 97th percentile for height • Child is > 2 years old and progressively crossing centiles for height 	<ul style="list-style-type: none"> • Essential: <ul style="list-style-type: none"> • Prior growth data/growth charts • Relevant laboratory studies • Have patient bring bone age X-ray to clinic, if done • Pertinent medical records • Results of any additional tests 	<ul style="list-style-type: none"> • History, physical exam, evaluation of growth charts • Evaluation of prior labs if available • Additional labs if needed • Monitoring of interval growth

Clinic phone: 206-987-2640. To request a consult or referral, please call the Clinical Intake Nurses at 206-987-2080 or toll free at 866-987-2080. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.



Diagnosis/symptom

Obesity

Children with BMI greater than 99%tile and less than 5 years of age.

Refer to the following clinics:

Age less than 12 years:
Child Wellness Clinic

Age 12-21 years old:
Adolescent Clinic

Referring provider's initial evaluation and management can include:

History and physical exam:

LABS: (If Cushing Syndrome is suspected)

- 24 hour urine free cortisol and/or cortisol (plasma or saliva, evening or mid-night collection best)

When to initiate referral:

- Clear evidence of endocrine disorder

What can referring provider send?

- Essential:
 - Prior growth data/growth charts
 - Relevant laboratory studies
 - Pertinent medical records
- Results of any additional tests

Children's workup will likely include:

- History, physical exam, evaluation of growth charts
- Evaluation of prior labs if available
- Additional labs if needed
- Imaging studies may be necessary



<p>Diagnosis/symptom for Pubertal Disorders</p> <p>Precocious Puberty</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>History and physical exam:</p> <p>LABS:</p> <ul style="list-style-type: none"> • LH • FSH • Testosterone (males) • Estradiol (female) • TSH • Free T4 <p>RADIOGRAPHIC STUDIES:</p> <ul style="list-style-type: none"> • Bone Age 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Breast development or pubic hair in girls < 8 years old • Testicular enlargement (3 cc or > 2.5 cm) or pubic hair in boys < 9 years old 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Essential: <ul style="list-style-type: none"> • Prior growth data/growth charts • Relevant laboratory studies • Have patient bring bone age X-ray to clinic, if done • Pertinent medical records • Results of any additional tests 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • History, physical exam, evaluation of growth charts • Evaluation of prior labs if available • Additional labs if needed • Imaging studies may be necessary
<p>Early Childhood Breast Development</p> <p>A little breast development in girls 12-24 months of age is not uncommon and usually not of concern.</p>	<p>History and physical exam:</p> <p>LABS:</p> <ul style="list-style-type: none"> • LH • FSH • Estradiol (female) • TSH • Free T4 	<ul style="list-style-type: none"> • Progressing over time • Accelerated growth • Vaginal bleeding • Café au lait spots on physical exam (possible McCune-Albright syndrome) 	<ul style="list-style-type: none"> • Essential: <ul style="list-style-type: none"> • Prior growth data/growth charts • Relevant laboratory studies • Pertinent medical records • Results of any additional tests 	<ul style="list-style-type: none"> • History, physical exam, evaluation of growth charts • Evaluation of prior labs if available • Additional labs if needed • Imaging studies may be necessary



<p>Diagnosis/symptom for Pubertal Disorders</p> <p>Delayed Puberty</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>History and physical exam:</p> <p>LABS:</p> <ul style="list-style-type: none"> • LH • FSH • Prolactin • Estradiol (female) • TSH • Free T4 <p>RADIOGRAPHIC STUDIES:</p> <ul style="list-style-type: none"> • Bone Age 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • For boys: no testicular enlargement by 14 years of age • For girls: not breast development by 13 years of age, or no menses by 16 years of age 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Essential: <ul style="list-style-type: none"> • Prior growth data/growth charts • Relevant laboratory studies • Have patient bring bone age X-ray to clinic, if done • Pertinent medical records • Results of any additional tests 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • History, physical exam, evaluation of growth charts • Evaluation of prior labs if available • Additional labs such as chromosomal analysis may be indicated • Imaging studies may be necessary
<p>Premature Menses</p> <p>Consider vaginal foreign body</p>	<p>History and physical exam:</p> <p>LABS:</p> <ul style="list-style-type: none"> • LH • FSH • Prolactin • Estradiol (female) • TSH • Free T4 <p>RADIOGRAPHIC STUDIES:</p> <ul style="list-style-type: none"> • Bone Age • Pelvic Ultrasound 	<ul style="list-style-type: none"> • Vaginal bleeding in girls < 10 years of age • Vaginal bleeding in any girls without signs of puberty 	<ul style="list-style-type: none"> • Essential: <ul style="list-style-type: none"> • Prior growth data/growth charts • Relevant laboratory studies • Have patient bring bone age X-ray to clinic, if done • Pertinent medical records • Results of any additional tests 	<ul style="list-style-type: none"> • History, physical exam, evaluation of growth charts • Evaluation of prior labs if available • Additional labs if needed • Imaging studies may be necessary

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<p>Diagnosis/symptom for Thyroid Disorders</p> <p>Congenital Hypothyroidism</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>History and physical exam:</p> <p>LABS:</p> <ul style="list-style-type: none"> • Thyroid Function (T4, FT4, TSH) 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Abnormal newborn screen 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Thyroid function tests, including results from state newborn screening program and any other labs obtained 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • History, physical exam, • Evaluation of prior labs if available • Additional labs if needed • Imaging studies such as a nuclear medicine thyroid scan or thyroid ultrasound may be indicated
<p>> Urgent referral recommended for congenital/newborn hypothyroidism</p> <p>Refer to clinic immediately. Mark referral URGENT as most often baby will need to be seen in 1-2 days</p>				
<p>Acquired Hypothyroidism (Hashimoto's Thyroiditis)</p>	<p>History and physical exam:</p> <p>LABS:</p> <ul style="list-style-type: none"> • TSH • T4 • Free T4 • Thyroglobulin and peroxidase antibodies desirable <p>RADIOGRAPHIC STUDIES:</p> <ul style="list-style-type: none"> • Thyroid scan • Ultrasound 	<ul style="list-style-type: none"> • Elevated TSH >10 mIU/ml, low T4/free T4 • If TSH < 10 mIU/ml and T4/free T4 normal, consider obtaining thyroid antibodies and repeating TFTs in 2-3 months prior to referral 	<ul style="list-style-type: none"> • Pertinent medical records • Relevant laboratory studies (thyroglobulin and peroxidase antibodies if obtained) • Radiographic studies: Thyroid scan and ultrasound is not needed but report if studies obtained • Results of any additional tests 	<ul style="list-style-type: none"> • History, physical exam, evaluation of growth charts • Evaluation of prior labs if available • Additional labs if needed • Imaging studies may be necessary



<p>Diagnosis/symptom for Thyroid Disorders</p> <p>Neonatal Hyperthyroidism</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>History and physical exam:</p> <p>LABS:</p> <ul style="list-style-type: none"> • TSH • T4 • T3 • Free T4 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Suppressed TSH • Elevated T4/free T4 in newborn 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records • Relevant laboratory studies • Results of any additional tests 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • History, physical exam, • Evaluation of prior labs • Additional labs if needed
<p>> Urgent referral recommended for neonatal hyperthyroidism</p> <p>Usually occurs in context of mother with Grave's disease. Refer to clinic immediately. Mark referral as URGENT, as most often baby will need to be seen in 1-2 days.</p>				
<p>Acquired Hyperthyroidism (Grave's Disease)</p> <p>Usually goiter present but not always.</p>	<p>History and physical exam:</p> <p>LABS:</p> <ul style="list-style-type: none"> • TSH • T4 • T3 • Free T4 <p>RADIOGRAPHIC STUDIES not needed:</p> <ul style="list-style-type: none"> • Thyroid scan • Ultrasound 	<ul style="list-style-type: none"> • Suppressed TSH • Elevated T4, T3/free T4 	<ul style="list-style-type: none"> • Pertinent medical records • Relevant laboratory studies • Results of any additional tests 	<ul style="list-style-type: none"> • History, physical exam, evaluation of growth charts • Evaluation of prior labs if available • Additional labs if needed • Imaging studies may be necessary



Diagnosis/symptom for Thyroid Disorders Goiter	Referring provider's initial evaluation and management can include: History and physical exam: LABS: <ul style="list-style-type: none"> • Thyroid Function (T4, TSH, FT4, T3) • Thyroid antibodies 	When to initiate referral: <ul style="list-style-type: none"> • Abnormal thyroid function tests • Palpable nodules or asymmetry • Increasing in size • Causing discomfort 	What can referring provider send? <ul style="list-style-type: none"> • Pertinent medical records • Relevant laboratory studies • Results of any additional tests 	Children's workup will likely include: <ul style="list-style-type: none"> • History, physical exam, evaluation of growth charts • Evaluation of prior labs if available • Additional labs if needed • Imaging studies may be necessary
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> Tips for an effective visit:

Talk with your patient and family about the reason for the referral and the questions to be answered.
 Our providers appreciate having the information ahead of time; alternatively, it can be hand carried by the family.
 Provide relevant clinical notes.

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