

THE ALFRED REFERRAL GUIDELINES: ENDOCRINOLOGY

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THE ALFRED REFERRAL GUIDELINES ENDOCRINOLOGY

Endocrine unit contact details

- Endocrinology Registrar Phone 9076 2000 and page through Switchboard
- Endocrinology Consultant Phone 9076 2000 and page through Switchboard
- Director Professor Duncan J. Topliss Phone 9076 2460
- Deputy Director Professor Leon A. Bach Phone 9076 2460
- Unit fax 9076 3782

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Referral priority guide

Immediate <ul style="list-style-type: none"> • Addisonian crisis 	<ul style="list-style-type: none"> • Send to The Alfred Emergency and Trauma Centre, and phone Endocrine Registrar or Consultant on call if possible on 9076 2000. • Hospital admission required.
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Urgent <ul style="list-style-type: none"> • Symptomatic hypoparathyroidism • Symptomatic hypercalcaemia • Severe hyperthyroidism 	<ul style="list-style-type: none"> • Phone Endocrine Registrar/Consultant on call if possible on 9076 2000. • Fax referral to Specialist Consulting Clinic on 9076 6938. • Likely to receive an appointment within 1-2 weeks.
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Soon <ul style="list-style-type: none"> • Acromegaly • Osteoporosis with vertebral or other fracture 	<ul style="list-style-type: none"> • Fax Referral to 9076 6938. • Likely to receive an appointment within 2-6 weeks.
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Intermediate <ul style="list-style-type: none"> • Osteoporosis without fracture 	<ul style="list-style-type: none"> • Fax or post letter. • Likely to receive and appointment within 6-12 weeks.
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Non-urgent	<ul style="list-style-type: none"> • Fax or post letter.
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Not seen	<ul style="list-style-type: none"> • Obesity where there is no suspected underlying endocrine condition • Children under 16 years of age are not seen at The Alfred
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Please note: The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Endocrine Registrar on call on 9076 2000.

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Diagnosis	Evaluation	Referral Guidelines
Pituitary disorders		
Pituitary tumour	<ul style="list-style-type: none"> CT scan result if available, but not required - MRI will be performed at The Alfred if necessary for further assessment. Hormonal tests as below if any specific suspected hormonal excess or deficiency state 0900 cortisol, TFT and PRL virtually always appropriate The Alfred Radiology request form	Refer urgently– soon PRIORITY 1-2. Return to contents page
Prolactinoma	History: <ul style="list-style-type: none"> Amenorrhoea, galactorrhoea, infertility Drugs Investigations: if available <ul style="list-style-type: none"> Prolactin levels; if elevated, repeat to document persistent elevation FBE U&Es TFTs CT if available, but not required – MRI will be performed at The Alfred if necessary for further assessment. The Alfred Radiology request form	Refer soon – intermediate PRIORITY 2-3. Return to contents page
Acromegaly	<ul style="list-style-type: none"> IGF-1 or Growth hormone Dynamic testing will be performed at The Alfred if indicated. 	Refer soon PRIORITY 2. Return to contents page
Cushing's disease	<ul style="list-style-type: none"> Serum cortisol and ACTH Urine free cortisol 	Refer urgently– soon PRIORITY 1-2. Return to contents page
Hypopituitarism	<ul style="list-style-type: none"> TFTs – must include T4 and TSH 9am cortisol FSH, LH Prolactin Testosterone or Oestradiol 	Refer urgently – PRIORITY 1. Return to contents page
Diabetes insipidus	<ul style="list-style-type: none"> U&E, Cr Serum and urine osmolality Blood glucose, serum calcium 	Refer soon – PRIORITY 2. Return to contents page
Thyroid disorders		
Thyroid nodules	<ul style="list-style-type: none"> Clinical history TFTs – Free T4, T3 and TSH Thyroid antibodies Thyroid USS or nuclear scan will be arranged by the unit if necessary 	<ul style="list-style-type: none"> If malignancy suspected, refer urgently - PRIORITY 1. If no major suspicion of malignancy, refer soon – PRIORITY 2. Return to contents page
Goitre	<ul style="list-style-type: none"> Clinical history TFTs – Free T4, T3 and TSH Thyroid antibodies Thyroid USS or nuclear scan will be arranged by the unit if necessary 	Refer soon - intermediate - PRIORITY 2-3. Return to contents page
Thyroid carcinoma (known or suspected)	<ul style="list-style-type: none"> Clinical history TFTs – free T4, T3 and TSH Serum thyroglobulin/ thyroglobulin antibody can be ordered if known thyroid carcinoma post thyroidectomy Thyroid antibodies Thyroid USS and nuclear scans will be arranged by the unit if necessary 	Refer urgently – soon - PRIORITY 1-2. Return to contents page
Hypothyroidism	<ul style="list-style-type: none"> TSH, Free T4 Thyroid antibodies 	If acute, refer urgently - PRIORITY 1. Return to contents page
Thyrotoxicosis	<ul style="list-style-type: none"> TSH , Free T4 and T3 Thyroid antibodies 	<ul style="list-style-type: none"> If severe, refer urgently – PRIORITY 1. Otherwise, refer soon - PRIORITY 2. Return to contents page
Pancreatic disease		
Diabetes mellitus	RACGP Diabetes management in general practice	Diabetes Referral and Management Guidelines Return to contents page
Insulinoma / Hypoglycaemia unrelated to diabetes	<ul style="list-style-type: none"> Blood glucose and concomitant insulin levels 	Refer urgently – soon PRIORITY 1-2 depending on severity. Return to contents page

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Diagnosis	Evaluation	Referral guidelines
Adrenal disease		
Addison's disease	<ul style="list-style-type: none"> ACTH, serum cortisol 	<ul style="list-style-type: none"> Addisonian crisis - Refer IMMEDIATELY - send to The Alfred Emergency and Trauma Centre. Phone Endocrinology consultant or registrar on call on 9076 2000. Addisonian crisis is a medical emergency, and treatment should not be delayed by awaiting pathology testing. <p style="text-align: right;">Return to contents page</p>
Cushing's syndrome	History: <ul style="list-style-type: none"> Central obesity HPT Osteoporosis Muscle weakness Diabetes mellitus Emotional lability Investigations if available: <ul style="list-style-type: none"> U&E, Cr Glucose Urine free cortisol Serum ACTH levels Serum cortisol 	Refer urgently – soon – PRIORITY 1-2. <p style="text-align: right;">Return to contents page</p>
Conn's syndrome (Primary hyperaldosteronism)	History <ul style="list-style-type: none"> Hypertension Full details of medications Muscle weakness Investigations: <ul style="list-style-type: none"> U&Es (hypokalaemia) Urine electrolytes Aldosterone: renin 	Refer soon – intermediate – PRIORITY 2-3. <p style="text-align: right;">Return to contents page</p>
Adrenal tumour / mass lesion	USS/ CT results The Alfred Radiology request form	If no obvious endocrine abnormality and size <2cm – soon – PRIORITY 2-3. <p style="text-align: right;">Return to contents page</p>
Phaeochromocytoma	<ul style="list-style-type: none"> Suspected endocrine HPT Urinary catecholamines 	Refer urgently – soon - PRIORITY 1-2. <p style="text-align: right;">Return to contents page</p>
Renovascular hypertension	<ul style="list-style-type: none"> HPT details Full medication details U&E Renin/aldosterone 	<ul style="list-style-type: none"> Malignant hypertension – refer urgently – PRIORITY 1. Other renovascular hypertension – refer soon-intermediate PRIORITY 2-3 depending on severity and circumstances. <p style="text-align: right;">Return to contents page</p>
Calcium, electrolyte and metabolic bone disorders		
Osteoporosis	History: <ul style="list-style-type: none"> Menopausal status Alcohol history Fractures Medications Investigations: <ul style="list-style-type: none"> U&E, Cr Ca, PO4 FBE, ESR Se Albumin Se 25 OH Vitamin D3 TFTs LFTs Serum protein electrophoresis Androgen studies in men (serum testosterone, FSH, LH, Prolactin, Sex Hormone Binding Globulin (SHBG)) Bone density studies are performed at The Alfred; if known or suspected osteoporotic #, please provide XR reports and send films with patient if available. The Alfred Radiology request form	Vertebral or other # refer soon PRIORITY 2 <ul style="list-style-type: none"> No fractures present refer intermediate PRIORITY 3. <p style="text-align: right;">Return to contents page</p>
Paget's disease	<ul style="list-style-type: none"> Serum ALP Bone scan +/- plain XR if available The Alfred Radiology request form	Refer soon – intermediate PRIORITY 2-3. <p style="text-align: right;">Return to contents page</p>

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Diagnosis	Evaluation	Referral Guidelines
Calcium, electrolyte and metabolic bone disorders		
Osteomalacia	<ul style="list-style-type: none"> • U&E, Cr • Ca, PO4 • FBE, ESR • Se Albumin • Se 25 OH Vitamin D3 • TFTs • LFTs • Serum protein electrophoresis • Androgen studies in men • Bone density studies are performed at The Alfred • If known or suspected #, please provide XR reports and send films with patient if available. <p style="text-align: center;">The Alfred Radiology request form</p>	Refer soon – intermediate PRIORITY 2-3. <p style="text-align: right;">Return to contents page</p>
Hypercalcaemia (including hyperparathyroidism)	History: <ul style="list-style-type: none"> • Malignancy (bony metastases, lung, renal, pancreas) • Multiple myeloma • Immobility • Thyrotoxicosis • Renal calculi Investigations: <ul style="list-style-type: none"> • U&E, Cr • Ca (total and corrected), PO4 • Serum albumin • LFTs • FBE, ESR • PTH 	<ul style="list-style-type: none"> • If unwell, or Calcium >3.0mM, refer URGENTLY, PRIORITY 1 - phone Endocrinology consultant or registrar on call on 9076 2000. • If asymptomatic, refer PRIORITY 2. <p style="text-align: right;">Return to contents page</p>
Hypocalcaemia	History: <ul style="list-style-type: none"> • Cramps • Tetany Investigations: <ul style="list-style-type: none"> • Ca • Se Albumin • ALP • Se 25OH Vit D3 • PTH 	<ul style="list-style-type: none"> • If acutely unwell /acute tetany – refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre. • If symptomatic, refer urgently – PRIORITY 1. • If asymptomatic, refer soon – intermediate PRIORITY 2-3. <p style="text-align: right;">Return to contents page</p>
Hyponatraemia	<ul style="list-style-type: none"> • U&Es, Creatinine • TFTs – Free T4, TSH. • Cortisol (0900h) • Full medication list 	If Na<110 mmol, refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre; phone Endocrinology consultant or registrar on call on 9076 2000. <p style="text-align: right;">Return to contents page</p>
Gonadal disease		
Hypogonadism - males	<ul style="list-style-type: none"> • FSH, LH • Prolactin • Serum testosterone • Sex hormone binding globulin (SHBG) 	Refer soon – intermediate PRIORITY 2-3. <p style="text-align: right;">Return to contents page</p>
Hypogonadism - females	<ul style="list-style-type: none"> • FSH, LH • Prolactin • Serum oestradiol 	Refer soon – intermediate PRIORITY 2-3. <p style="text-align: right;">Return to contents page</p>
Polycystic ovarian disease	<ul style="list-style-type: none"> • FSH, LH • Prolactin • Sex hormone binding globulin (SHBG) • TES, DHEA-S • Fasting blood glucose • Lipids Consider ovarian USS – can be performed at The Alfred The Alfred Radiology request form	Refer soon – intermediate PRIORITY 2-3. <p style="text-align: right;">Return to contents page</p>