

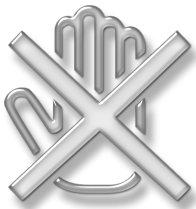
REFERRAL GUIDELINES: ENDOCRINOLOGY



Essential Referral Content

Demographic	Clinical
<ul style="list-style-type: none"> • Date of birth • Contact details (including mobile phone) • Referring GP details • Interpreter requirements • Medicare number 	<ul style="list-style-type: none"> • Reason for referral • Duration of symptoms • Relevant pathology & imaging reports • Past medical history • Current medications

The Alfred Outpatient Referral Form is available to print and fax to the Outpatient Department on 9076 6938



Exclusion Criteria

The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age are not seen at The Alfred
- Obesity where there is no suspected underlying endocrine condition

REFERRAL PROCESS: ENDOCRINOLOGY



STEP 1

You will be notified when your referral is received by outpatients. Essential referral content will be checked and you may be contacted for further information if required.



STEP 2

The referral is triaged by the specialist unit according to clinical urgency. This determines how long the patient will have to wait for an appointment.



STEP 3

Patients with **urgent** conditions are scheduled to be seen within 30 days. Patients with **routine** conditions are given the next available appointment according to clinical need. Both the referrer and patient are notified.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist– please provide your patient with a **12 month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

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.**

REFERRAL PRIORITY: ENDOCRINOLOGY

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

IMMEDIATE Direct to the Emergency & Trauma Centre	URGENT Appointment timeframe within 30 days	ROUTINE Appointment timeframe greater than 30 days depending on clinical need
<ul style="list-style-type: none"> Addisonian crisis 	<ul style="list-style-type: none"> Symptomatic hypoparathyroidism Symptomatic hypercalcaemia Severe hyperthyroidism 	<ul style="list-style-type: none"> Osteoporosis Acromegaly
Phone the Endocrine Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre. Hospital admission required	Urgent cases must be discussed with the Endocrine Registrar on call to obtain appropriate prioritisation and a referral letter faxed to 9076 6938.	Fax referral to 9076 6938

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

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.

Referral Guideline Contents

Pituitary disorders

Pituitary tumour

Prolactinoma

Acromegaly

Cushing’s disease

Hypopituitarism

Diabetes insipidus

Thyroid disorders

Thyroid nodules

Goitre

Thyroid carcinoma

Hypothyroidism

Thyrotoxicosis

Pancreatic disease

Diabetes mellitus

Insulinoma

Hypoglycaemia unrelated to diabetes

Adrenal disease

Addison’s disease

Cushing’s syndrome

Conn’s syndrome

Adrenal tumour / mass lesion

Phaeochromocytoma

Renovascular hypertension

Calcium, electrolyte and metabolic bone disorders

Osteoporosis

Paget’s disease

Osteomalacia

Hypercalcaemia

Hypocalcaemia

Hyponatraemia

Gonadal disease

Hypogonadism - males

Hypogonadism - females

Polycystic ovarian disease

Pituitary Disorders:

PITUITARY TUMOUR

Evaluation	Management	Referral Guidelines
<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 		Refer Urgent

PROLACTINOMA

Evaluation	Management	Referral Guidelines
<p>History:</p> <ul style="list-style-type: none"> • Amenorrhoea, galactorrhoea, infertility • Drugs <p>Investigations: if available</p> <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. 		Refer - Urgent or Routine according to clinical indication.

ACROMEGALY

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> • IGF-1 or Growth hormone • Dynamic testing will be performed at The Alfred if indicated. 		Refer - Urgent or Routine according to clinical indication.

CUSHING'S DISEASE

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> • Serum cortisol and ACTH • Urine free cortisol 		Refer - Urgent or Routine according to clinical indication.

HYPOPITUITARISM

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> • TFTs – must include T4 and TSH • 9am cortisol • FSH, LH • Prolactin • Testosterone or Oestradiol 		Refer Urgent

DIABETES INSIPIDUS

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> • U&E, Cr • Serum and urine osmolality • Blood glucose, serum calcium 		Refer Urgent

Thyroid Disorders:

THYROID NODULES

Evaluation	Management	Referral Guidelines
<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 Urgent

GOITRE

Evaluation	Management	Referral Guidelines
<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 - Urgent or Routine according to clinical indication.

THYROID CARCINOMA (KNOWN OR SUSPECTED)

Evaluation	Management	Referral Guidelines
<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 Urgent

HYPOTHYROIDISM

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> TSH, Free T4 Thyroid antibodies 		If acute, refer Urgent

THYROTOXICOSIS

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> TSH, Free T4 and T3 Thyroid antibodies 		Refer Urgent

Pancreatic Disease:

DIABETES MELLITUS

Evaluation	Management	Referral Guidelines
RACGP Diabetes management in general practice		Diabetes Referral and Management Guidelines

INSULINOMA / HYPOGLYCAEMIA UNRELATED TO DIABETES

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> Blood glucose and concomitant insulin levels 		Refer Urgent

Adrenal Disease:

ADDISON’S DISEASE

Evaluation	Management	Referral Guidelines
<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.

CUSHING’S SYNDROME

Evaluation	Management	Referral Guidelines
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 Urgent

CONN'S SYNDROME (PRIMARY HYPERALDOSTERONISM)

Evaluation	Management	Referral Guidelines
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 - Urgent or Routine according to clinical indication.

ADRENAL TUMOUR / MASS LESION

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> USS/ CT results 		Refer Urgent

PHAEOCHROMOCYTOMA

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> Suspected endocrine HPT Urinary catecholamines 		Refer Urgent

RENOVASCULAR HYPERTENSION

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> HPT details Full medication details U&E Renin/aldosterone 		<ul style="list-style-type: none"> Malignant hypertension – refer Urgent Other renovascular hypertension – Refer - Urgent or Routine depending on severity and circumstances.

Calcium, Electrolyte and Metabolic Bone Disorders

OSTEOPOROSIS

Evaluation	Management	Referral Guidelines
<p>History:</p> <ul style="list-style-type: none"> Menopausal status Alcohol history Fractures Medications <p>Investigations:</p> <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. <p>The Alfred Radiology request form</p>		<p>Refer - Urgent or Routine according to clinical indication.</p>

PAGET'S DISEASE

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> Serum ALP Bone scan +/- plain XR if available <p>The Alfred Radiology request form</p>		<p>Refer - Urgent or Routine according to clinical indication.</p>

OSTEOMALACIA

Evaluation	Management	Referral Guidelines
<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>The Alfred Radiology request form</p>		<p>Refer - Urgent or Routine according to clinical indication.</p>

HYPERCALCAEMIA (INCLUDING HYPERPARATHYROIDISM)

Evaluation	Management	Referral Guidelines
<p>History:</p> <ul style="list-style-type: none"> • Malignancy (bony metastases, lung, renal, pancreas) • Multiple myeloma • Immobility • Thyrotoxicosis • Renal calculi <p>Investigations:</p> <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, refer IMMEDIATELY or Urgent - phone Endocrinology consultant or registrar on call on 9076 2000. • If asymptomatic, refer Urgent.

HYPOCALCAEMIA

Evaluation	Management	Referral Guidelines
<p>History:</p> <ul style="list-style-type: none"> • Cramps • Tetany <p>Investigations:</p> <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 Urgent • If asymptomatic, Refer - Urgent or Routine according to clinical indication.

HYPONATRAEMIA

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> • U&Es, Creatinine • TFTs – Free T4, TSH. • Cortisol (0900h) • Full medication list 		<p>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>

Gonadal Disease:

HYPOGONADISM - MALES

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> • FSH, LH • Prolactin • Serum testosterone • Sex hormone binding globulin (SHBG) 		Refer - Urgent or Routine according to clinical indication.

HYPOGONADISM - FEMALES

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> • FSH, LH • Prolactin • Serum oestradiol 		Refer - Urgent or Routine according to clinical indication.

POLYCYSTIC OVARIAN DISEASE

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> • FSH, LH • Prolactin • Sex hormone binding globulin (SHBG) • TES, DHEA-S • Fasting blood glucose • Lipids <p>Consider ovarian USS – can be performed at The Alfred</p> <p>The Alfred Radiology request form</p>		Refer - Urgent or Routine according to clinical indication. Referral must be addressed to a named specialist Dr Susan Davis Dr Roisin Worsley