


## Recommended Labs for Pediatric Endocrinology Specialty Clinics

Please remember that this is just a list of lab tests often recommend prior to seeing patients. These are not physician orders. However, they are recommended prior to specialty appointments.

### ENDOCRINE REFERRALS/LABS&F/U RECOMMENDATIONS

- 1) **CAH-Congenital Adrenal Hyperplasia**-meds often adjusted based on labs/growth/bone age
  - 17-OH-P (17-OH hydroxyprogesterone) often every 3-6 months Infants/toddlers often ordered q 1-3 months. (Goal: ~300-900)
  - Androstenedione: Often every 3-6 months. Infants/toddlers often ordered every 1-3 months. (Goal: w/in normal range)
  - Renin Activity: Often every 3-6 months. Renin hard to obtain in villages as must be sent frozen. (Goal: w/in normal range)
  - Bone age after 2-3 years of age, then annually
  - Accurate height and weight measurements each visit
  - F/u in endo clinic every 3 to 6 months

- 1a) Newborn with + FH of CAH but no ambiguous genitalia (ie no physical s/s of CAH): 

- Newborn screen after 24hrs of life (in all infants)
- Serum 17OHP around day 3-4 of life (17OHP levels are normally high during the first 2-3 days after birth but by the 3<sup>rd</sup> day, levels in healthy infants fall and levels in affected infants rise to diagnostic levels)
- Alert state newborn screening program of patient at risk of CAH
- Measure serum electrolytes prior to hospital discharge and at 5 and 10 days of age (hyponatremia and hyperkalemia are usually not present before 7 days of age and salt-losing crisis will typically occur in the second week of life)
- After newborn is sent home, parents should be cautioned to watch for signs of salt-losing crisis including vomiting, diarrhea, lethargy, dehydration, decreased PO intake
- If positive newborn screen or elevated 17OHP, patient should be seen immediately *and consult pediatric endocrinologist on call*

- 2) **Congenital Hypothyroid/Hashimoto Thyroiditis/Goiter** – meds usu<sup>ally</sup> adjusted based on labs

- General Information
  - ◆ When a med dosage change is made, labs are usually repeated in 4-6 weeks and then again before the next clinic visit.
  - ◆ Under certain circumstances a Thyroid U/S is sometimes ordered-not routine.
  - ◆ **Growth records** on all children with any thyroid condition should be plotted.
  - ◆ Often other thyroid labs are done as part of initial workup, but depends on what the presumptive dx is. (TSI, Antithyroid peroxidase AB, etc.)
- Specific Labs – Goal: normal Free T4 and TSH (infants should have a free T4 at least ~1)

#### **Congenital Hypothyroidism**

- ◆ FT4 & TSH 2weeks after dose started.
- ◆ 0-6 Months: FT4 & TSH every month
- ◆ 6-12 Months: FT4 & TSH every 2 months
- ◆ 1-3 Years: FT4 & TSH every 3 months

#### **Acquired Hypothyroidism**

- ◆ FT4 & TSH 4-6 weeks after starting med or after dose change
- ◆ FT4 & TSH every 6 months routinely

#### **Central Hypothyroidism (ie, hypopituitarism)**

- ◆ Free T4 every 4-6 months routinely