Endocrinology

The Endocrinology and Diabetes practice at Valley Children's is a full-service practice providing expert diagnosis and management of endocrine and diabetic disorders in infants, children and adolescents.

We bring a complete multidisciplinary approach to patient care with experts on staff in many fields who become part of your child's care team. In addition to our board certified pediatric endocrinologists, the practice is staffed with certified clinical educators, social workers, board certified clinical psychologists and registered dietitians.

Nurses, nurse practitioners, and dietitians on the diabetes care team are certified diabetes educators. Along with providing excellent care, the diabetes team conducts four educational sessions on diabetes self-management with patients and families, and two additional advanced education sessions. The sessions consist of individualized education plans and resource materials that measure patient progress.

Valley Children's was awarded the American Diabetes Association (ADA) Education Recognition. The American Diabetes Association is the largest and most widely known organization in the field of diabetes. The ADA Education Recognition distinguishes healthcare organizations that provide quality diabetes self-management education services.

Access Center

24/7 access for referring physicians
(866) 353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer
FAX: (559) 353-8888

Endocrinology Office Numbers

Main: (559) 353-8700
FAX: (559) 353-6612
Physician Line: (559) 353-6605

Physician Liaison

(559) 353-7229

Pediatric Endocrinology Consultant Reference Guide

Condition	Pre-referral Work-up	When to Refer
Thyroid Disorders Congenital Hypothyroidism	• Do confirmatory T4 and TSH • Call endocrinologist on-call (559-353-6600) to determine thyroid replacement dose to begin immediately	• Abnormal newborn screen - refer IMMEDIATELY • Call practice directly for URGENT referral
Acquired Hypothroidism	• Thyroglobulin antibodies (Anti-Tg) recommended • Thyroid peroxidase antibodies (Anti-TPO) recommended • Note: Thyroid scan/US is not needed	• Elevated TSH > 10mIU/ml, low total T4/free T4 • If TSH is abnormal but < 10mIIU/ml and T4/free T4 are normal, obtain thyroid antibodies and repeat TFTs (Total T4 and TSH) in 2-3 months. If TSH is rising, submit referral.
Neonatal Hyperthyroidism	• Contact endocrinologist on-call (559-353-6600)	• Elevated T4/Free T4 and suppressed TSH in a newborn • Call practice directly for URGENT referral • Note: Usually occurs in context of mother with Graves' disease
Acquired Hyperthyroidism (Graves' disease)	• Contact endocrinologist on-call (559-353-6600) • Total T4/free T4 • T3, TSH	• Elevated T4/free T4, suppressed TSH • If T4 markedly elevated, or child symptomatic, call practice directly for URGENT referral
Goiter	• Total T4/free T4, T3, TSH • Thyroglobulin antibodies (Anti-Tg) • Thyroid peroxidase antibodies (Anti-TPO • Note: Thyroid scan/US is not needed unless goiter increasing in size or nodules palpated, then US recommended	• Abnormal thyroid function tests • Palpable nodules or asymmetry • Goiter increasing in size and/or causing discomfort

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Short Stature	• Bone age X-ray of left hand and wrist (bring film to visit) • Thyroid tests (total T4 and TSH) • Chem panel 18, ESR, CBC, UA • Celiac screen (anti-tissue transgultaminase IgA and IgG, IgA level) • Growth chart • Parental heights • IGF-1 (Insulin growth factor 1) • IGF-BP3 (Insulin growth factor binding protein 3) <u>Boys 13 years old or over:</u> • LH by ICMA • FSH by ICMA <u>Girls 12 years old or over with delayed puberty:</u> • LH by ICMA • FSH by ICMA • Ultrasensitive estradiol <u>Girls that are < 3rd percentile for height:</u> • Karyotype (chromosome analysis to evaluate for Turner's syndrome)	Children meet one or more of the following criteria: • Child's height falls below the 3rd percentile • Child's height is crossing down percentiles between age 3 and the start of puberty (declining growth velocity) • When a child is significantly shorter than expected for family • A child is growing poorly and is having headaches or vision changes • If predicted adult height of child falls below the FDA criteria of 4'11" for a girl or 5'4" for a boy
<u>Pubertal Disorders:</u> **Premature Thelarche in girls < age 8**	• Obtain bone age (bring film to visit) and refer if advanced	• Progressing over time • Accelerated growth • Vaginal bleeding • Café au lait spots on physical exam (possible McCune-Albright syndrome) • Note: A little breast development in girls 12-24 months of age is not uncommon and usually not of concern as it usually resolves or is non-progressive

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Precocious Puberty	• Growth data/charts are most essential • Obtain bone age (bring film to visit) • T4 and TSH Girls: • LH by ICMA • FSH by ICMA • Ultrasensitive estradiol Boys: • LH by ICMA • FSH by ICMA • Pediatric testosterone	• Evidence of septal hematoma, complex laceration or uncontrolled epistaxis • Complaints of significant nasal obstruction less than 10 days from trauma • Significant cosmetic deformity less than 10 days from trauma • Nasal fractures - call practice directly
Delayed Puberty	• Obtain bone age (bring film to visit) • Total T4 and TSH • LH by ICMA • FSH by ICMA Girls: • Ultrasensitive estradiol Boys: • Pediatric testosterone	• Positive physical finding
Diabetes Mellitus	• Contact endocrinologist on-call (559-353-6600)	• When diagnosis of Type I is being considered, call the on-call endocrinologist (559-353-6600). When child is being evaluated for diabetes because of symptoms (weight loss, polyuria, polydipsia or polyphagia), check blood glucose in office or have random glucose done at lab. If blood glucose is > 200, this is diagnostic of diabetes and patient should be referred to Valley Children's Emergency Department to implement treatment and teaching.