Treatment of Thyroid Nodules

Clinical Guideline

This guideline supports initial treatment of patients with Thyroid Nodules and includes information for referral to the Children's Wisconsin Thyroid Nodule Program.
To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Symptoms/Diagnosis/Causes:	Referring provider's initial evaluation and management:	When to initiate or consider referral to Thyroid Nodule Program:	How to refer and what to send to send to Thyroid Nodule Program:	Specialist's workup will likely include:
Signs and symptoms • Palpable thyroid nodule • Palpable goiter • Incidental finding on a radiologic study of a thyroid nodule **Causes** • Most thyroid nodules are benign (adenomas or hyperplasia) • Some may be cancerous: most often papillary thyroid carcinoma, less frequently follicular carcinoma or medullary carcinoma	Labs: • Thyroid function tests (TSH and Ft4) • Thyroid antibodies (TPO and thyroglobulin antibodies) ***AND*** Imaging: • Thyroid ultrasound (image and report) ***or*** • May elect to forgo labs and contact pediatric endocrine directly: 414-266-2889, ask to speak with the endocrine nurse	Call the physician call for any urgent findings: • Solid nodule greater than 1 cm • Calcifications • Extra-thyroidal extension • Cystic lesions are less worrisome even if larger than 1 cm	**How to refer:** 1. **In Children's Epic**: place an ambulatory referral to Endocrinology. 2. **External providers:** • **In your instance of Epic -** Place an external referral order to CHW ENDOCRINE CLINICS **or** • **Fax (414-607-5288) or** • Online ambulatory referral **For urgent requests: Contact the Physician Consultation Line (414-266-2460).** **What to include in the referral:** • Any lab results • Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems. • Patient/ family history • Pertinent patient and family history • Ultrasound report, (we will obtain the images) Our office will call to schedule the appointment with the patient after review of the images	• Review of the images with thyroid radiologists to determine the urgency and type of visit(s) • Visit with the endocrinologist • *Potential*: repeat neck ultrasound with detailed lymph node evaluation; fine needle aspiration/ biopsy; determination of next steps

References:

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Please contact clinicalguidelines@childrenswi.org for questions or comments.

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Medical Disclaimer

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this CG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.