

Endocrinology Referral Guidelines

from the Diabetes and
Endocrine Clinic
at Children's Wisconsin

Help us provide care for the kids who need it most.

Thank you for thinking of the Diabetes and Endocrinology Clinic for specialized care for your young patient. We ask that you take the following guidelines into account when evaluating your patient for referral. We set these criteria so that we can promptly see and treat the patients in greatest need of endocrinology specialty care.



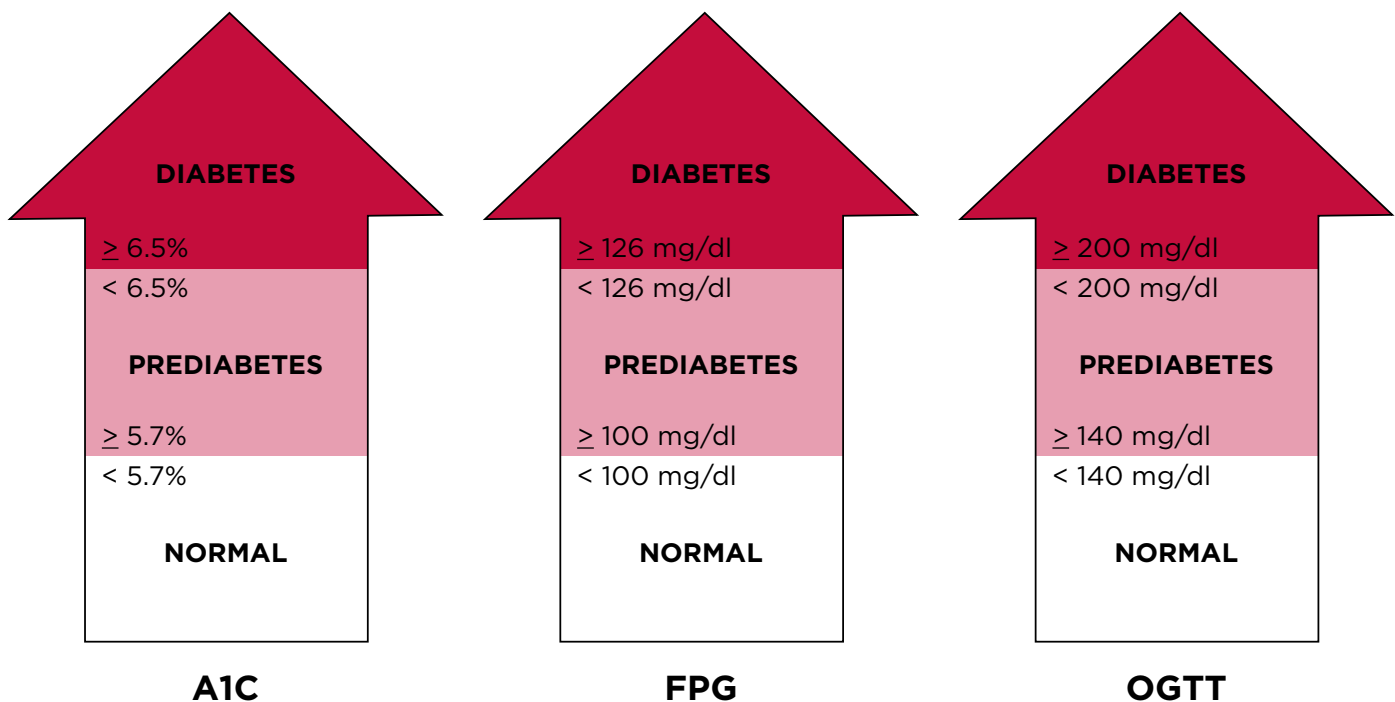
Refer a patient with newly diagnosed diabetes mellitus.

A newly diagnosed patient with elevated glucose and/or HgbA1C levels may have diabetes mellitus and may be in urgent need of care.

To make a referral, call the physician consultation line at (414) 266-2460 or (800) 266-0366 to speak with the on-call endocrinologist. **A provider-to-provider call is required if the patient meets the criteria (below) for diabetes.** DO NOT fax a referral or call Central Scheduling.

Keep these points in mind when you see patients with elevated glucose and/or HgbA1C levels:

- On a provider-to-provider call, the endocrinologist will discuss the patient history and provide details about the first available appointment for consultation and diabetes education based on whether the child is more likely to have type 1 or type 2 diabetes, or prediabetes. Prediabetes is not scheduled as an urgent referral.
- The following parameters allow distinction between prediabetes and diabetes, based on the definition used by the American Diabetes Association:



- If type 1 is likely or type 2 is suspected, but **HgbA1C is $> 9\%$** , call the physician consultation line at (414) 266-2460 or (800) 266-0366 to speak with the on-call endocrinologist, who will arrange for an appointment. DO NOT fax a referral or call Central Scheduling.
 - If an appointment is not open on the following day, the endocrinologist will provide recommendations regarding options to keep the patient safe until the next appointment. This may include administration of once-daily long-acting insulin, inpatient admission or (on occasion) referral to the EDTC to be evaluated for diabetic ketoacidosis.
- For patients suspected of having type 2 diabetes and **HgbA1C $> 6.5\%$ but $< 9\%$, with obesity**, call the physician consultation line at (414) 266-2460 or (800) 266-0366 to speak with the on-call endocrinologist, who will indicate when the next type 2 diabetes education appointment is available. DO NOT fax a referral or call Central Scheduling.
 - The endocrinologist may advise starting an antidiabetic medication prior to the appointment.
 - If a random blood glucose is > 200 mg/dl and the child has typical symptoms, this is also diagnostic for diabetes.



Refer a patient with short stature if they meet one or more of the following criteria:

- Height is < 3rd percentile.
- Height velocity is < 5 cm per year between ages 3 and puberty (the lower limit of normal is as low as 4 cm per year in the 1-2 years before puberty, but < 5 cm per year is a good cutoff for initial evaluation).
- Child is much shorter than expected based on the parents' heights
- Parents are concerned about child's height.

We are happy to help with the evaluation of your patients with abnormally slow height growth, short stature or declining height percentiles. If you are uncertain whether further evaluation is needed, call the physician consultation line at (414) 266-2460 or (800) 266-0366 to speak with the on-call endocrinologist.

To make a referral, complete a referral order via Epic or fax (414) 607-5288.

Before making a referral, please keep in mind these caveats:

- If a patient has normal growth in height but has poor weight gain, an endocrine etiology is rarely identified.
- If a patient has completed growing (little or no gain in height for a year or more) and puberty is complete, we have nothing to offer in terms of changing the adult height. Some families have high expectations that if referred, we can offer a therapy that will make the patient taller, and they are disappointed to learn that we cannot.

Refer a patient for hyperlipidemia if they meet one or more of the following criteria:

- Child's first- or second-degree relative had early angina, myocardial infarction, bypass surgery or stroke.
- Child of 2-8 years has diabetes, hypertension and BMI > 95%.
- Child has another high-risk condition, such as nephrotic syndrome, HIV infection, chronic inflammatory disease or Kawasaki disease.
- Lipid panel at 9-11 years or 17-21 years shows elevated LDL or TG.

Please access our hyperlipidemia screening and referral guidelines for a full description of criteria that qualify a patient for referral to the Diabetes and Endocrinology Clinic.

To make a referral, complete a referral order via Epic, online at childrenswi.org/referral or fax (414) 607-5288.

Refer a patient for obesity if a child is obese and presents with certain abnormal features, such as:

- Abnormally slow growth in height
- Elevated HgbA1C (if < 6.5% they are seen in Endocrine clinic as a prediabetic, and if > 6.5% they are considered diabetic – see above)
- Significant dyslipidemia

For children referred for obesity, overweight or “rapid” weight gain, our focus will be to assess for endocrine causes and complications of obesity, and to provide general counseling and literature about lifestyle modifications. In the event that an endocrine cause or complication is identified, we are happy to prescribe treatment and follow-up for the patient.

Please access our obesity referral guidelines for a full description of criteria that qualify a patient for referral to the Diabetes and Endocrinology Clinic.

To make a referral, complete a referral order via Epic or fax (414) 607-5288.

Before making a referral, please keep these points in mind:

- Endocrine causes of obesity account for < 1% of all childhood obesity. The vast majority of obesity is multifactorial and is unmasked by exogenous factors such as inactivity and excessive caloric intake. There is no FDA-approved effective pharmacologic intervention for this type of obesity in children and teens.
- Our clinic does not offer a weight loss program. Patients with obesity-related comorbidities should be referred to the New Kids Program through the GI clinic.
- If no comorbidities are present, (they have normal HgbA1C, normal or mildly abnormal lipid panel, normal liver function, etc.) they should be referred to the appropriate community resources in their area.
- Children’s Wisconsin-New Berlin offers fee-for-service nutrition counseling. Call (262) 432-7671 for an appointment.

Locations

Milwaukee Hospital

8915 W. Connell Court
Milwaukee, WI 53226

Neenah Clinic

130 2nd St.
Neenah, WI 54956

West De Pere Clinic

1686 Eisenhower Road
De Pere, WI 54115

Kenosha Clinic

6809 122nd Avenue
Kenosha, WI 53142

New Berlin Clinic

4855 S. Moorland Road
New Berlin, WI 53151



childrenswi.org/medical-care/endocrine
childrenswi.org/liaisons