

**Description of Service:**

The Southern Adelaide Diabetes and Endocrine Services (SADES) provides assessment and advice/opinion on a range of Endocrine conditions (see below)

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.

You will be notified when your referral is received. Your referral may be declined if it does not contain essential information required for triage, or if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at SADES.

**Referral is not appropriate for:**

- Clinically stable hypothyroidism
- Primary hypothyroidism (except in patients with cardiac disease, pregnancy or if thyroxine treatment is contraindicated) that has not been treated with replacement therapy
- Well controlled type 2 diabetes (responding to dietary and medical management with HbA1c < 8%) without any complications or comorbidities
- Patients with type 2 diabetes being managed with dietary measures alone
- Osteoporosis that has not been treated
- Age-appropriate osteopenia without fracture(s)
- Metabolic bone disease when the person's life expectancy is < 6 months
- Obesity without a suspected endocrine cause or complication
- Unexplained fatigue where endocrinopathy excluded
- Work cover
- Compensation claims

**The following conditions are not routinely seen:**

- Patients who are being treated for the same condition at another SA public hospital
- Children under 18 years of age
- Transgender endocrinology

**Information Required**

Demographic details:

- Date of birth
- Patient's contact details including mobile phone number
- Referring GP details
- Interpreter requirements
- Medicare number

Clinical information:

- Reason for referral
- Duration of symptoms
- Relevant pathology and imaging reports
- Past medical history
- Current medications

**Fax Referrals to**

GP Plus Marion

7425 8687

GP Plus Noarlunga

8164 9199

Version	Date from	Date to	Amendment
1.0	Aug 2021	Aug 2023	Original

## Specific Endocrine Conditions

<p><b>Pituitary disorders</b></p> <ul style="list-style-type: none"> <li>Pituitary tumour</li> <li>Prolactinoma</li> <li>Acromegaly</li> <li>Cushing's disease</li> <li>Diabetes insipidus</li> <li>Hypopituitarism</li> </ul> <p><b>Thyroid disorders</b></p> <ul style="list-style-type: none"> <li>Thyroid nodules</li> <li>Hypothyroidism</li> <li>Hyperthyroidism</li> </ul> <p><b>Pancreatic disease</b></p> <ul style="list-style-type: none"> <li>Type 1 diabetes mellitus</li> <li>Type 2 diabetes mellitus</li> <li>Insulinoma</li> <li>Hypoglycaemia unrelated to diabetes</li> </ul>	<p><b>Adrenal disease</b></p> <ul style="list-style-type: none"> <li>Addison's disease</li> <li>Cushing's syndrome</li> <li>Primary hyperaldosteronism</li> <li>Pheochromocytoma</li> <li>Adrenal incidentaloma/ tumour</li> </ul> <p><b>Osteoporosis/ Metabolic bone disease</b></p> <p><b>Calcium and electrolytes disorders</b></p> <ul style="list-style-type: none"> <li>Hypercalcaemia</li> <li>Hypocalcaemia</li> <li>Hyponatraemia</li> </ul> <p><b>Gonadal disease</b></p> <ul style="list-style-type: none"> <li>Hypogonadism – male</li> <li>Hypogonadism – female</li> <li>Polycystic ovary syndrome</li> </ul>
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<b>Emergency</b> <small>All cases must be discussed with the on-call Endocrine registrar</small>	<b>Category 1</b>  Target < 1 month	<b>Category 2</b>  Target < 3 months	<b>Category 3</b>  Non-urgent, 6 – 12 months
<ul style="list-style-type: none"> <li>➤ Diabetic ketoacidosis (DKA)</li> <li>➤ Hyperosmolar hyperglycaemic state (HHS)</li> <li>➤ Addisonian crisis</li> </ul>	<ul style="list-style-type: none"> <li>➤ Symptomatic Hypocalcaemia</li> <li>➤ Symptomatic hypercalcaemia (serum calcium &gt;3.0mmol/l)</li> <li>➤ Severe hypo or hyperthyroidism</li> <li>➤ Pituitary tumours – macroadenomas or if hypersecreting or associated hypopituitarism or visual compromise</li> <li>➤ Suspected diabetes insipidus</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pituitary dysfunction</li> <li>➤ Adrenal dysfunction</li> <li>➤ Hyperthyroidism not associated with significant compromise</li> <li>➤ Endocrine hypertension</li> <li>➤ Hyperprolactinemia</li> </ul>	<ul style="list-style-type: none"> <li>➤ Osteoporosis and metabolic bone disease</li> <li>➤ Paget's disease</li> <li>➤ Hirsutism</li> <li>➤ Hypogonadism</li> <li>➤ Goitre without airway compromise</li> <li>➤ All other endocrine referrals</li> </ul>

## Referral Criteria

- Referral letters should outline the question clearly and include copies of relevant reports and results
- Patients are seen based on clinical urgency. A detailed referral letter will assist in the triaging process

SALHN prefers all referrals to be named to a clinician providing the service. (see list below)

### Consultants

- A/Prof Jui Ho (Head of Unit)
- A/Prof Stephen Stranks
- A/Prof Morton Burt
- Prof Nikolai Petrovsky
- Dr Wilton Braund
- Dr George Tallis
- Dr Natalie Giles
- Dr Tilenka Thynne
- Dr Shantha Joseph

**If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, or if you require an *URGENT ADVICE*, please contact the Endocrinology Registrar on-call via Flinders Medical Centre (FMC) switchboard on **8204 5511****