

# Endocrine

Outpatient service information, triage and referral guidelines

## Description of service:

The objective of patients visiting the endocrine outpatients is for the assessment and opinion/advice regarding key clinical issues.

## Services provided:

- > Outpatient clinic consultations for diagnosis and management
- > Inpatient consultations
- > Inpatient admissions

## Exclusions:

- > Paediatrics
- > Obesity where there is no suspected underlying endocrine condition

**For admission or *URGENT* advice contact the Endocrine Registrar or the on call medical registrar if after hours via switchboard on:**

Royal Adelaide Hospital (RAH)                      Ph: (08) 7074 0000  
 The Queen Elizabeth Hospital (TQEH)              Ph: (08) 8222 6000

***Alternatively, if the problem is urgent and the patient is unstable, the patient should be sent directly to the Emergency Department of the nearest hospital for assessment.***

**For more information or to make a referral contact**

Royal Adelaide Hospital (RAH)                      Fax: (08) 7074 6247                      Ph: 1300 153 853  
 The Queen Elizabeth Hospital (TQEH)              Fax: (08) 8222 7188                      Ph: 8222 7020 / 8222 7030

## Essential Referral Content

### Demographic

- > Date of birth
- > Contact details (including mobile phone)
- > Referring GP details
- > Interpreter requirements
- > Medicare number

### Clinical

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

## Adult Triage Criteria for referral

Emergency	Category 1	Category 2	Category 3
All urgent cases must be discussed with the on call registrar.	Target within 4 weeks	Target within 3 months	Target 6-12 months
> Addisonian crisis	<ul style="list-style-type: none"> <li>&gt; Symptomatic hypoparathyroidism</li> <li>&gt; Symptomatic hypercalcaemia (e.g. serum calcium &gt;3.0mmol/l)</li> <li>&gt; Symptomatic hypocalcaemia</li> <li>&gt; Severe hypo or hyperthyroidism</li> <li>&gt; Pituitary tumours especially macroadenomas or if hyper secreting or associated hypopituitarism or visual compromise.</li> <li>&gt; Suspected diabetes insipidus</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Pituitary dysfunction</li> <li>&gt; Adrenal dysfunction (e.g. crushing's)</li> <li>&gt; Hyperthyroidism not associated with significant compromise</li> <li>&gt; Endocrine hypertension</li> <li>&gt; Hyperprolactinemia</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Osteoporosis and metabolic bone disease</li> <li>&gt; Paget's disease</li> <li>&gt; Hirsutism</li> <li>&gt; Hypogonadism</li> <li>&gt; Goitre without airway compromise.</li> </ul> <p style="text-align: center;"><b>Do not usually need to see a specialist unless there are atypical features</b></p> <ul style="list-style-type: none"> <li>&gt; Uncomplicated hypothyroidism</li> <li>&gt; Fatigue (except where endocrinopathy suspected).</li> </ul>

### For more information or to make a referral

Royal Adelaide Hospital: OPD Level 3 & 5  
 Referral Fax Number: (08) 7074 6247  
 Phone Number: 1300 153 853

The Queen Elizabeth Hospital: Ground floor, area 1 & 3  
 Referral Fax Number: (08) 8222 7244  
 Phone Number: (08) 8222 7010

Web: [www.sahealth.gov.au](http://www.sahealth.gov.au)

Acknowledgement: This document has had the final approval from the head of unit:

Director of Endocrine

Version	Approved date	Review date	Amendment
Draft V0.1	20191802	20201802	

