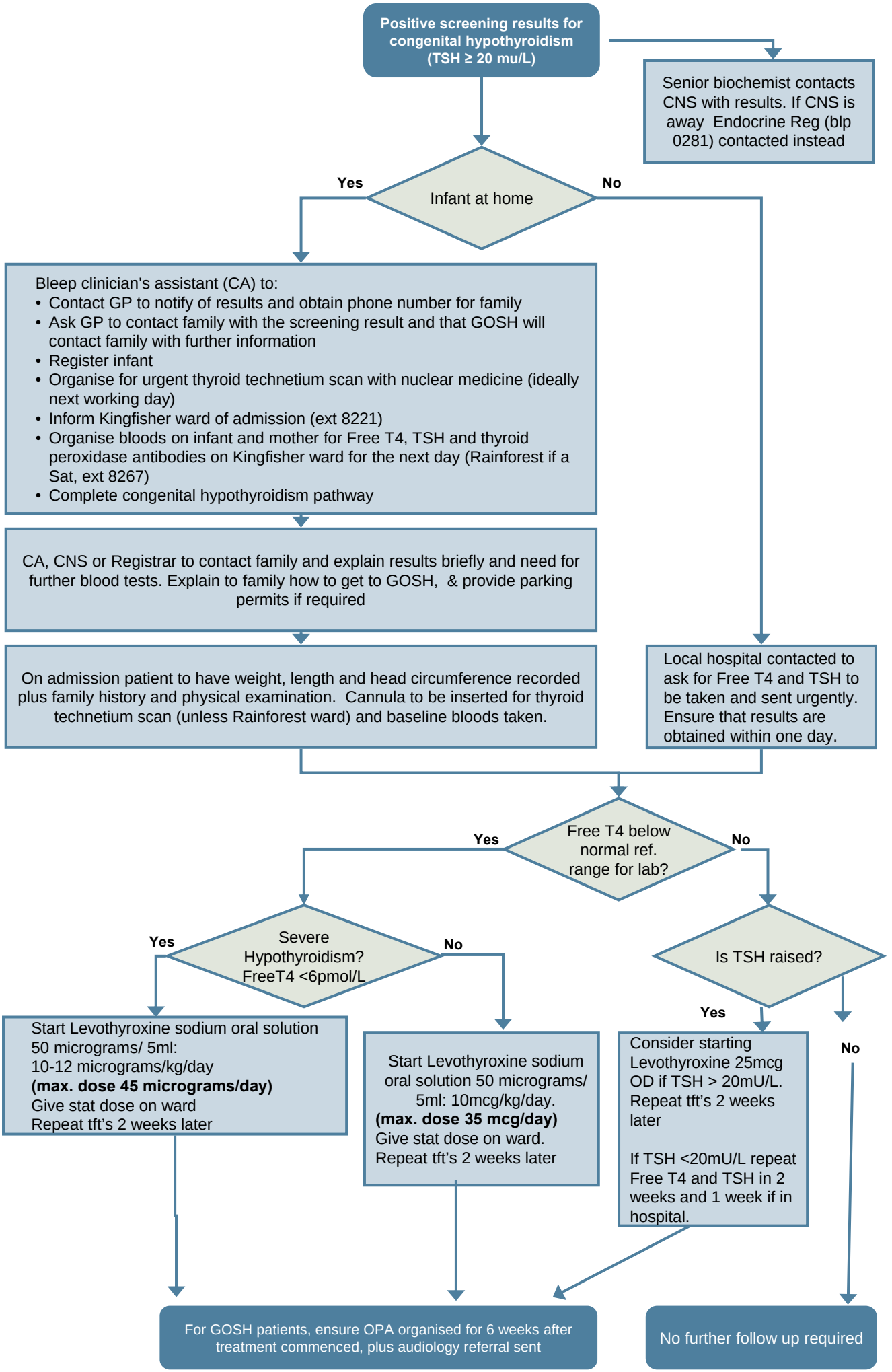
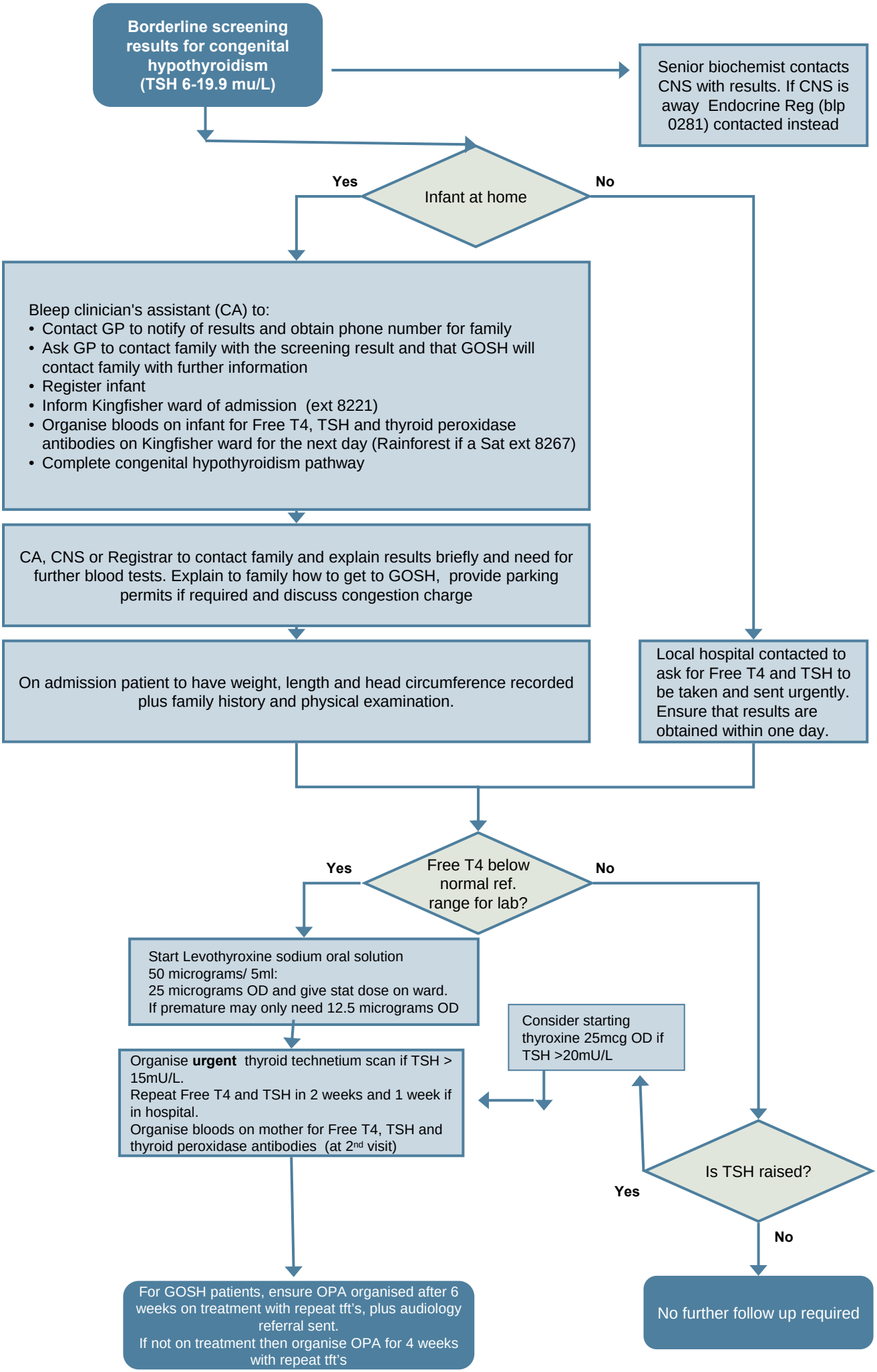

Positive screening results for congenital hypothyroidism (TSH ≥ 20 mu/L)
Senior biochemist contacts CNS with results. If CNS is away Endocrine Reg (blp 0281) contacted instead
Infant at home
Yes
No
Bleep clinician's assistant (CA) to:
• Contact GP to notify of results and obtain phone number for family
• Ask GP to contact family with the screening result and that GOSH will contact family with further information
• Register infant
• Organise for urgent thyroid technetium scan with nuclear medicine (ideally next working day)
• Inform Kingfisher ward of admission (ext 8221)
• Organise bloods on infant and mother for Free T4, TSH and thyroid peroxidase antibodies on Kingfisher ward for the next day (Rainforest if a Sat, ext 8267)
• Complete congenital hypothyroidism pathway
CA, CNS or Registrar to contact family and explain results briefly and need for further blood tests. Explain to family how to get to GOSH, & provide parking permits if required
On admission patient to have weight, length and head circumference recorded plus family history and physical examination. Cannula to be inserted for thyroid technetium scan (unless Rainforest ward) and baseline bloods taken.
Local hospital contacted to ask for Free T4 and TSH to be taken and sent urgently. Ensure that results are obtained within one day.
Free T4 below normal ref. range for lab?
Yes
No
Severe Hypothyroidism? FreeT4 <6pmol/L
Yes
No
Is TSH raised?
Yes
No
Start Levothyroxine sodium oral solution 50 micrograms/ 5ml:
10-12 micrograms/kg/day
(max. dose 45 micrograms/day)
Give stat dose on ward
Repeat tft's 2 weeks later
Start Levothyroxine sodium oral solution 50 micrograms/ 5ml: 10mcg/kg/day.
(max. dose 35 mcg/day)
Give stat dose on ward.
Repeat tft's 2 weeks later
Consider starting Levothyroxine 25mcg OD if TSH > 20mU/L. Repeat tft's 2 weeks later
If TSH <20mU/L repeat Free T4 and TSH in 2 weeks and 1 week if in hospital.
For GOSH patients, ensure OPA organised for 6 weeks after treatment commenced, plus audiology referral sent
No further follow up required


Borderline screening results for congenital hypothyroidism (TSH 6-19.9 mu/L)
Senior biochemist contacts CNS with results. If CNS is away Endocrine Reg (blp 0281) contacted instead
Infant at home
Yes
No
Bleep clinician's assistant (CA) to:
• Contact GP to notify of results and obtain phone number for family
• Ask GP to contact family with the screening result and that GOSH will contact family with further information
• Register infant
• Inform Kingfisher ward of admission (ext 8221)
• Organise bloods on infant for Free T4, TSH and thyroid peroxidase antibodies on Kingfisher ward for the next day (Rainforest if a Sat ext 8267)
• Complete congenital hypothyroidism pathway
CA, CNS or Registrar to contact family and explain results briefly and need for further blood tests. Explain to family how to get to GOSH, provide parking permits if required and discuss congestion charge
On admission patient to have weight, length and head circumference recorded plus family history and physical examination.
Local hospital contacted to ask for Free T4 and TSH to be taken and sent urgently. Ensure that results are obtained within one day.
Free T4 below normal ref. range for lab?
Yes
No
Start Levothyroxine sodium oral solution 50 micrograms/ 5ml:
25 micrograms OD and give stat dose on ward.
If premature may only need 12.5 micrograms OD
Consider starting thyroxine 25mcg OD if TSH >20mU/L
Organise urgent thyroid technetium scan if TSH > 15mU/L.
Repeat Free T4 and TSH in 2 weeks and 1 week if in hospital.
Organise bloods on mother for Free T4, TSH and thyroid peroxidase antibodies (at 2nd visit)
Is TSH raised?
Yes
No
For GOSH patients, ensure OPA organised after 6 weeks on treatment with repeat tft's, plus audiology referral sent.
If not on treatment then organise OPA for 4 weeks with repeat tft's
No further follow up required