Pre-referral investigations

Approximately 80% of all endocrine referrals in secondary care involve a dozen or so common themes, seen reasonably often in primary care for which some pre-investigation may be performed. Although it is desirable to have appropriate investigations prior to referral, this may not be feasible with GP workload, lack of certainty over appropriate testing or lack of access to certain tests.

Thyroid

Presentation Thyrotoxicosis (low TSH, raised T4 and/or T3)
First line investigations Free T3 (if not previously requested), FBC, LFT, bone profile CRP and ESR if thyroiditis suspected
Second line investigations (could be facilitated by secondary care local agreement) – TPO Abs & TSH Receptor Abs
Actions 1. Refer to secondary endocrine services 2. If symptomatic and no contraindications, consider beta blockade and titrate according to symptoms. 3. If the patient is at high risk of decompensation; has ongoing symptoms with beta blockade or there is a prolonged wait for endocrine review, consider initiation of carbimazole (propylthiouracil in early pregnancy or pre-pregnancy) following discussion with local endocrine services.
Key information to include Blood work up, second line investigations
Consider referral to other services if Ongoing primary care concern about presentation
Red flags to prompt urgent referral Pregnancy Evidence of thyroid eye disease A goitre, nodule, or structural change in the thyroid gland suspicious for malignancy (cancer pathway) If evidence of thyroid crisis (pyrexia, tachycardia, altered mental state, cardiac failure, vomiting, diarrhoea, jaundice) or atrial fibrillation, referral to emergency services is recommended.