ENDOCRINE Medical Service (SADES)
The Endocrine Medical service provides assessment and management of known or suspected endocrine conditions.

Please note:
- for acute end-organ complications of endocrine conditions, e.g., cardiac rhythm disturbance in hyperthyroidism, the urgent priority should be referral to the relevant specialty.
- Services are provided for all Adult Endocrine and Metabolic conditions

Referral Guidelines are provided for:
- Thyroid disorders – hyperthyroidism
  - hypothyroidism
  - thyroid nodules
- Gonadal disorders – male hypogonadism
- Parathyroid disorders - hyperparathyroidism
- Pituitary Disorders - hyperprolactinaemia
- Adrenal Disease – adrenal mass
- Osteoporosis/metabolic bone disease
- Dyslipidaemias
- Other metabolic and endocrine conditions
  - hypocalcaemia
  - hypercalcaemia of uncertain cause
  - hypoglycaemia in patients without known diabetes mellitus

For admission or urgent advice contact Endocrine Registrar on Ph: (08) 8204 7758

Triage Criteria for Referral

<table>
<thead>
<tr>
<th>Urgent / Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
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<tbody>
<tr>
<td>Target within 2 weeks</td>
<td>Target &lt; 6 weeks</td>
<td>Target &lt; 3 months</td>
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<tr>
<td>Current &lt; 2 weeks</td>
<td>Current &lt; 6 weeks</td>
<td>Current &lt; 3 months</td>
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**Referrer to contact Registrar to arrange appointment in Emergency Clinic or Emergency Department**
- Addisonian Crisis
- Acutely symptomatic hypo or hypercalcaemia
- Myxoedema coma
- Severe symptomatic hyponatraemia or other electrolyte disturbance
- Pituitary tumour with suspected apoplexy or visual field defect
- Hyperthyroidism with acute cardiac complication e.g., AF or ischaemia – refer as urgent also to Cardiology
- Hyperthyroidism with hypokalaemia or paralysis

- Suspected phaeochromocytoma
- Acute hyperthyroidism
- Suspected new thyroid cancer – endocrine surgical oncology clinic
- Suspected insulinaoma
- Suspected Addison’s disease with abnormal am serum cortisol
- Suspected Cushing’s syndrome with abnormal screening test
- Adrenal mass if size >4cm or suspected malignancy or endocrine activity
- Hypercalcaemia if suspected malignancy, Ca > 3mmol/L or non-acutely symptomatic
- Pituitary tumour if not category 1 but symptomatic or suspected endocrine activity
- Suspected hypopituitarism
- Suspected diabetes insipidus

Services not provided
- < 16 years of age
- Transgender issues
- Cosmetic concerns unrelated to endocrine disease
- Obesity without a suspected endocrine cause or complication

General Information to assist with referrals and the Referral templates are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients