

# Screening for subclinical hypothyroidism in children

Presented by Randall Children's Diabetes and Endocrine Center

**Symptoms of hypo- or hyperthyroidism**  
 e.g., weight change, poor height velocity, irregular periods, poor energy/fatigue, cold/heat intolerance, constipation, dry skin  
 or  
**Goiter on exam**  
 or  
**Conditions increasing risk of thyroid dysfunction or causing abnormal thyroid hormone levels**  
 e.g., obesity, trisomy 21, Turner's syndrome, medications (amiodarone, lithium, ethionamide and others)

**Measure TSH and free T4**  
 (no need for T3 uptake, T3, antibodies or thyroid ultrasound)

TSH < 5 mIU/ml and normal free T4

No further work-up

TSH 5–10 mIU/ml and normal free T4

If there is a goiter and/or symptoms, recheck free T4, TSH, anti-thyroid peroxidase and anti-thyroglobulin antibodies in three months.

If antibodies are positive and/or TSH is still > 5 mIU/ml, contact the on-call pediatric endocrinologist to discuss management.

TSH > 10 mIU/ml

Contact on-call pediatric endocrinologist to discuss management.

If there are no symptoms or goiter, recheck TSH and free T4 in six months.  
 If the TSH is trending downward, no more testing is required.  
 If the TSH is stable or trending upward, contact the on-call pediatric endocrinologist to discuss management.

Any abnormal free T4

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**Urgent referral:** Call Legacy One Call Consult & Transfer: 1-800-500-9111 to speak with the on-call pediatric endocrinologist.  
**Routine referral:** Contact Randall Children's Diabetes and Endocrine Center  
 Phone: 503-413-1600; Fax: 503-413-1915



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