It is usually recommended that the overall care plan should be managed by a paediatric endocrinologist in a regional growth clinic. The endocrinologist will see the patient regularly to monitor their growth, puberty development and later transition to an adult service. The endocrinologist should take on the additional role of supervising and coordinating other aspects of care.

Rather than be prescriptive in areas where there is debate over the detail of management, the following checklist is a recommendation that can then be audited. This checklist will also ensure continuity of care between the clinical departments that manage Turner Syndrome. Further copies can be obtained from: www.tss.org.uk and www.ipsen.co.uk

### PAEDIATRIC CHECKLIST

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Postcode:</td>
</tr>
<tr>
<td>Date of birth:</td>
<td>NHS No:</td>
</tr>
</tbody>
</table>

#### AT DIAGNOSIS:

**Date** | **How was it diagnosed?**
---|---
Pre-natal |
Post-natal |

**Diagnosis:**

<table>
<thead>
<tr>
<th><strong>Karyotype:</strong> specify</th>
<th><strong>Y chromosome material checked by FISH</strong></th>
<th><strong>Gonadectomy performed if Y sequences</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic counselling referral</td>
<td>Cardiology referral</td>
<td>Pelvic/renal ultrasound</td>
</tr>
<tr>
<td>Support group referral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### GROWTH:

**Date** | **Yes/No**
---|---
**GH treatment started** | |
**GH treatment stopped** | |
**Oxandrolone treatment started** | |
**Oxandrolone treatment stopped** | |

#### PUBERTY:

**Date** | **Yes/No**
---|---
**Spontaneous puberty** | |
**If spontaneous puberty has not occurred by 10 years check UV/FSH and consider pelvic ultrasound** | |
**Puberty induced** | |
**First period** | |
**Hormone replacement therapy/OCP: specify** | |

#### EDUCATIONAL:

**Mainstream school** | **Additional support: specify** | **Specific educational difficulties: specify** |

#### GENERAL:

**Height** | **Weight** | **BMI** | **Blood pressure** |
---|---|---|---|
| Each outpatient visit | Each outpatient visit | Each outpatient visit | Each outpatient visit |

**Thyroid function** | **Thyroid antibodies** |
---|---|
| 12-24 monthly | 12-24 monthly |

**Coeliac antibodies** | **Glucose and HbA1c** |
---|---|
| 12-24 monthly | Annual |

**Glucose tolerance test** | **IGF-1** |
---|---|
| As required | Annual |

**Insulin level** | **Liver function** |
---|---|
| As required | Prior to puberty induction and adult transfer |

**Bone age** | **Pelvic/renal ultrasound** |
---|---|
| Annual | At diagnosis and as required |

**Dietary advice** | **Hearing** |
---|---|
| As required | As required |

**speech problems:**

- **Self assessment** | **Referral to speech and language therapist** |
---|---|
| As required | As required |

**Cardiology referral** | **Ophthalmology referral** |
---|---|
| **At diagnosis and as required** | **As required** |

**Podiatry referral** | **ENT referral** |
---|---|
| As required | As required |

**Dermatology referral** | **Orthopaedic referral** |
---|---|
| As required | As required |

**Orthodontic referral** | **Clinical psychology referral** |
---|---|
| As required | As required |

**Support group referral** | **Genetics referral** |
---|---|
| **At diagnosis and as required** | **At diagnosis and as required** |

Further copies can be obtained from: [www.tss.org.uk](http://www.tss.org.uk) and [www.ipsen.co.uk](http://www.ipsen.co.uk)
## ADULT CHECKLIST

### Cardiology: Advised every visit:
- Blood pressure ✔
- Echocardiogram 3-5 yearly
- MRI Pre-pregnancy
- Cardiology referral As required

### Reproduction: Advised every visit:
- Fertility plans ✔
- Sexual function ✔
- Uterus ultrasound Pre-pregnancy

### Bones: Advised every visit:
- Fracture history ✔
- Bone density 5 yearly

### HRT: Advised every visit:
- Adequate dose? ✔
- Optimal route? ✔

### Audiology: Advised every visit:
- Hearing deficit awareness? ✔
- Ongoing ENT problems ✔
- Hearing aid As required
- Hearing test 5 yearly

### HRT: Advised every visit:
- Adequate dose? ✔
- Optimal route? ✔

### Social: Advised every visit:
- Work place history ✔
- Relationships ✔
- Mood history ✔
- Clinical psychology referral As required

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### References: