

## Clinical Testing Reference Guide

Condition – Thyroid Dysfunction	<p>Description – Hyperthyroid – overactive thyroid, producing too much thyroid hormone, can cause tremors, weight loss, brisk reflexes, increased perspiration, warm moist skin, enlargement of thyroid gland, palpitations, tachycardia, and atrial fibrillation</p> <p>Hypothyroid – Underactive thyroid, not producing enough thyroid hormone, can cause infertility, recurrent SAB, weight gain, galactorrhea, lethargy, cold intolerance, changes in menstruation, depression, irritability, constipation, dry skin, thin brittle hair, husky voice, enlarged thyroid, periorbital edema, bradycardia, mild hypertension, narrowed pulse pressure, anemia, decline in memory function, visuospatial impairment, carpal tunnel syndrome</p>
Questions/observations or vitals used to differentially rule out a suspected condition	TSH, Total T4, T3, Free T4 , Free T3, Thyroglobulin Autoantibodies or Antithyroid Antibodies – to detect autoimmune-based thyroid disease. Thyroid scan or RAIU – to assess iodine uptake.
Timing of the tests- when performed	At any time
Reliability of the test	
Requirements of the test (if any, if you will be doing it yourself)	Venipuncture
Cheat sheet for test results or ranges of normal findings	<p>TSH – 0.4-4.2 mU/L. Total T4 – 64.4-154.4 nmol/L. T3 – 40-204 ng/dL. Free T4 – 0.9-2.7 ng/dL. Free T3 – 260-480 pg/dL.</p> <p>Antithyroid – Immunofluorescence titer less than 1:100, Hemagglutination negative (elevated values indicate disorder).</p> <p>RAIU – normal position, size, and equally distributed uptake.</p>
Follow-up testing schedule (if applicable)	Re-test every 4 weeks during pregnancy levels were abnormal or medication has been prescribed, and 4-6 weeks after any adjustment to medication.
Scope of Care Considerations	RAIU must be done at an imaging center with radioactive capabilities. Blood tests may be performed by community midwife, if levels show dysfunction medication may be needed, collaborate with or refer to physician. Complimentary treatments at home include: for hyperthyroid - eating raw cruciferous vegetables, B complex twice daily, avoid caffeine and alcohol, eating sea vegetables that have trace minerals and iodine. For hypothyroid – blu-green algae, B complex, seafood, only eat when cooked (cabbage, broccoli, or brussel sprouts), sea vegetables with trace minerals and iodine.