

Endocrinology Clinic
Fax: 504.903.1605

Patient Label/Stamp

Fax this form with the Endocrinology master referral form when requesting an appointment.

Appendix: DISORDERS OF MINERALOCORTICOID METABOLISM

Serum CMP, aldosterone, and plasma renin (current within the past 6 months) are required for this referral: (These must be collected simultaneously)

Primary hyperaldosteronism is suggested by spontaneous hypokalemia ($K^+ < 3.5$ in the absence of diuretics, or $K^+ < 3.0$ in patients taking diuretics and potassium supplementation), inappropriate kaliuresis (24 h urine potassium > 30 mEq in face of hypokalemia), however K^+ may be normal, and poorly controlled hypertension usually requiring multiple antihypertensives.

If not available in CLIQ, include the test results as well as the date of testing on this form or fax a copy with the Endocrine Clinic Referral Request. Please instruct the patient to bring copies of the test results and current medications to the clinic for their appointment.

***Technical note: instructions on how to collect blood for plasma renin: Use a 7-9 ml **purple** top tube. Place on ice immediately and transport to special bio-chemistry ion laboratory department.

Patient Name: _____ Date of Referral: ___/___/___
Date of Birth: ___/___/___ LIH Medical Record Number: _____

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|---------------------|-------|-------------------|
| BUN | _____ | Date: ___/___/___ |
| Creatinine | _____ | Date: ___/___/___ |
| Sodium | _____ | Date: ___/___/___ |
| Potassium | _____ | Date: ___/___/___ |
| Bicarbonate | _____ | Date: ___/___/___ |
| Renin (plasma) | _____ | Date: ___/___/___ |
| Aldosterone (serum) | _____ | Date: ___/___/___ |

*** The following medications may interfere with this evaluation:

ACEI/ ARBs: should be held for 2 weeks prior to testing

Spironolactone (Aldactone) and Eplerenone (Inspra) should be held for 4-6 weeks prior to testing

For patients needing other antihypertensive treatment while the above are held consider use of the following alternative antihypertensives which will not interfere: clonidine, all calcium channel blockers, all beta-blockers, hydralazine, methyldopa, prazosin, other diuretics (furosemide, HCTZ)