These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

Clinical Pearls

- Ask your patient what name and pronouns they use and then educate staff to use and document chosen name and pronouns.
- Suicide risk for LGBTQ youth is very high and increased specifically in transgender youth (41% lifetime suicide attempt). This risk is further increased in those who do not have supportive families or environments.
- Let your patient know that you appreciate their willingness to share with you their questions about gender. 33% of transgender people report a negative experience with a healthcare provider in the past year (related to their gender identity) and 23% report delaying healthcare treatment because of this; 40% of transgender people are out with all of their healthcare providers while 31% are not out to any of their providers.
- Our clinic is happy to accept any child or adolescent with gender nonconforming behavior. 33% of transgender people report a negative experience with a healthcare provider in the past year (related to their gender identity) and 23% report delaying healthcare treatment because of this; 40% of transgender people are out with all of their healthcare providers while 31% are not out to any of their providers.

Moderate Risk

**Symptoms and Labs**
- Pre-pubertal: Insistence of desire to be or identify as gender not assigned at birth
- Pubertal: Early pubertal (Tanner 2) with minimal distress around pubertal development

**Suggested Consultation or Co-management**
- Refer and please send: growth chart, recent mental health evaluations, if patient desires menstrual suppression and the PCP is comfortable prescribing, it is ok to start medical treatment, such as Depo Provera, IUD or OCP, to suppress or minimize menses either independently or in consultation with pediatric endocrinology prior to initial Gender Clinic appointment

Low Risk

**Symptoms and Labs**
- Pre-pubertal: Gender nonconforming behavior without distress or mental health co-morbidities
- Pubertal: Has progressed through puberty with strong sense of identity, but no distress nor desire for medical or surgical interventions to help them transition

**Suggested Routine Care**
- Monitor and refer when ready – consider call to Gender Clinic to discuss case

High Risk

**Symptoms and Labs**
- Pre-pubertal: High level of stress or conflict related to gender identity, including family conflict/caregivers not in agreement over how to support
- Pubertal: Early stages of puberty (Tanner 2) or progressing through puberty with increasing distress due to pubertal development

**Suggested Emergent Consultation**
- Refer and consider calling to inform gender clinic of high risk designation and ask about interim resources (medical or mental health)
- Perform suicide risk assessment

Suggested Previsit Workup
- REFER if needed– Mobile crisis: 774-HELP
- Crisis hotline: 1-888-568-1112

Suggested Workup
- REFER and please send: growth chart, any pertinent lab evaluations (though labs are not required), clinic notes, recent mental health evaluations
- If patient desires menstrual suppression and the PCP is comfortable prescribing, it is ok to start medical treatment, such as Depo Provera, IUD or OCP, to suppress or minimize menses either independently or in consultation with pediatric endocrinology prior to initial Gender Clinic appointment

Suggested Management
- Monitor and refer when ready – consider call to Gender Clinic to discuss case

For Parents:
- GenderSpectrum.org
- PFLAG.org

For Providers:
- TransHealth.uscf.edu
- GLMA.org
- FenwayHealth.org

For Schools:
- SafeSchoolsCoalition.org
- GLSEN.org

For Youth:
- TransYouthEquality.org