

development. The drug of choice is synthetic levothyroxine sodium (Synthroid, Levothroid). Optimum dosage of L-thyroxine should be able to maintain blood TSH concentration between 0.5 and 4.0 mU/L during the first 3 years of life ([Stokowski, 2014](#)). Regular measurement of T_4 levels is important in ensuring optimum treatment. Bone age surveys are also performed to ensure optimum growth.

Prognosis

If treatment is started shortly after birth, normal physical growth and intelligence are possible. The most significant factor adversely affecting eventual intellectual development appears to be inadequate treatment, which may be related to noncompliance. An appropriate approach to treatment remains a subject of debate. Some studies have shown that overtreatment of CH may also lead to lower cognitive scores in later childhood ([Bongers-Schokking, Resing, de Rijke, et al, 2013](#)).

Nursing Care Management

The most important nursing objective is early identification of the disorder. Nurses caring for neonates must be certain that screening is performed, especially in infants who are preterm, discharged early, or born at home. Approximately 10% of cases are detected only by a second screening at 2 to 6 weeks old. Nurses in community health need to be aware of the earliest signs of the disorder. Parental remarks about an unusually “quiet and good” baby and demonstrated symptoms (such as prolonged jaundice, constipation, and umbilical hernia) should lead to a suspicion of hypothyroidism, which requires a referral for specific tests.

After the diagnosis is confirmed, parents need an explanation of the disorder and the necessity of lifelong treatment. The child should be referred to a pediatric endocrinologist for care. The importance of compliance with the drug regimen for the child to achieve normal growth and development must be stressed ([Stokowski, 2014](#)). Because the drug is tasteless, it can be crushed and added to formula, water, or food. If a dose is missed, twice the dose should be given the next day. Unless there are maternal contraindicative factors, breastfeeding is acceptable and