

# Children’s Hospital Of Wisconsin

## Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Hospital of Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

### Referral Guidelines for Infants at Risk for Developmental Delays

Diagnosis/symptom	Referring provider’s initial evaluation and management:	When to initiate referral/ consider refer to Development Center:	What can referring provider send to Development Center?	Specialist’s workup will likely include:
<b>Signs and concerns</b> <ul style="list-style-type: none"> <li>• Infants at risk for developmental delay secondary to prematurity, neonatal abstinence syndrome or other known congenital condition.</li> <li>• Infants at greater need for developmental surveillance than babies with an uncomplicated history (Prematurity, Neonatal Abstinence Syndrome, Down Syndrome, other genetic disorders).</li> </ul>	<b>Questions for referring providers to ask families/consider:</b> <ul style="list-style-type: none"> <li>• What is the age of the child?</li> <li>• What are the suspected delays?</li> <li>• Has the child been enrolled in programs to assist development? (Birth to Three, PT, OT)</li> <li>• What are the factors which place the infant at risk for developmental delays?</li> </ul>	<ul style="list-style-type: none"> <li>• Children under 2 years of age with suspected developmental delays that are not improving/progressing after 3 – 6 months of formal interventions (such as Birth to Three enrollment).</li> <li>• Children under 2 years of age with a clear and well documented regression in language and/or social skills.</li> <li>• Children under 2 years of age with multiple developmental delays of unclear etiology can and should be referred to the Child Development Center for a medical evaluation.</li> <li>• Children 2 years of age and older with multiple developmental delays, that have not responded to intervention, can and should be referred to the Child Development Center for a multidisciplinary evaluation. Formal language and cognitive/developmental assessments are more reliable, and therefore helpful in planning therapeutic interventions, at around age 24 months and beyond.</li> </ul>	<ol style="list-style-type: none"> <li><b>Using Epic</b> <ul style="list-style-type: none"> <li>• Please complete the external referral order</li> </ul> </li> </ol> <p><b>In order to help triage our patients and maximize the visit, the following information would be helpful include with your referral order:</b></p> <ul style="list-style-type: none"> <li>• Urgency of the referral</li> <li>• What is the key question you would like answered?</li> </ul> <p>Note: Our office will send questionnaires to the patient family in order to gather additional information and determine the most appropriate services to meet the child’s needs.</p> <ol style="list-style-type: none"> <li><b>Not using Epic external referral order:</b> <ul style="list-style-type: none"> <li>• In order to help triage our patients maximize the visit time,</li> </ul> </li> </ol>	<p><b>After referral to Development Center:</b></p> <ul style="list-style-type: none"> <li>• Children under 2 years of age referred to the Child Development Center will first be evaluated by a medical provider. <ul style="list-style-type: none"> <li>○ The evaluation will include a full history and exam as well as developmental screening of gross motor, fine motor, language, social, and behavior. These screenings and exam results will be used as baseline data for follow up in 3 – 6 months. As part of the assessment process, parents are</li> </ul> </li> </ul>

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			<p>please <b>fax</b> the above information to <b>(414-607-5288)</b></p> <ul style="list-style-type: none"> <li>• It would also be helpful to include: <ul style="list-style-type: none"> <li>• Chief complaint, onset, frequency</li> <li>• Recent progress notes</li> <li>• Labs and imaging results</li> <li>• Other Diagnoses</li> <li>• Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems.</li> </ul> </li> </ul>	<p>required to complete lengthy questionnaires regarding their child's development.</p> <ul style="list-style-type: none"> <li>○ Recommended referrals for psychological or language evaluations at the Child Development Center, appropriate sub-specialties, or community services are made based on exam and developmental screening results.</li> </ul>
		<p><b>When to initiate referral/ consider refer to OTHER providers:</b></p> <ul style="list-style-type: none"> <li>• Infants born prematurely should receive comprehensive evaluations through the CHW Neonatal Developmental Follow-Up program.</li> <li>• Routine surveillance of high risk infants and toddlers who appear to have typical development (such as opioid or other substance exposed patients) may be safely completed in the primary care setting.</li> <li>• <b>Prior to age 2 years</b>, careful surveillance in the PCP office, involvement with therapies in the Birth to Three Program and other specialty pediatric care (such as neurology or genetics as appropriate) are generally adequate, and should be used as first line options to support children's developmental needs.</li> <li>• Children with motor delays, such as generalized hypotonia, increased muscle tone, feeding difficulties,</li> </ul>		

or children with microcephaly may benefit from evaluations by Physical Medicine and Rehabilitation, Neurology, or Genetics. Also consider physical or occupational therapy evaluations.

- In addition to a possible referral to the Child Development Center, children with developmental delays should be referred to Birth to Three for evaluation and receipt of services. It is recommended that children receive services through Birth to Three first. Then, if after 3-6 months of receipt of services progress is not observed a referral to Child Development is appropriate.