

Children’s Hospital Of Wisconsin- Clinical Guidelines

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.

Pre-Athletic Screening Guidelines (Cardiovascular)

Recommendations for appropriate pre-athletic screening in patients without history of cardiac disease in the primary care setting and when to refer patients for cardiology evaluation.

Diagnosis/symptom	Referring provider’s initial evaluation and management:	When to initiate referral/ consider refer to Cardiology Clinic:	What can referring provider send to Cardiology Clinic?	Specialist’s workup will likely include:	Model Of Care
<p><u>Pre-Participation Screening for participation in competitive athletic competition with no known cardiac disease</u></p>	<p>Referring providers should utilize the 14 point questionnaire recommended by the American Heart Association (AHA)¹:</p> <p><u>Medical History</u> <i>Personal History</i></p> <ul style="list-style-type: none"> • Exertional chest pain/ discomfort • Unexplained syncope/ near-syncope • Excessive exertional and unexplained dyspnea/ fatigue associated with exercise • Prior heart murmur • Elevated blood pressure • Prior history of athletics restriction • Prior testing for the heart, ordered by a physician <p><i>Family History</i></p> <ul style="list-style-type: none"> • Premature death before age 50 years due to heart disease in FIRST-degree family member • Disability from heart disease in a close relative younger than 50 years of age • Specific knowledge of cardiac disease in family 	<p><u>Medical History</u></p> <ul style="list-style-type: none"> • Exertional Symptoms: syncope, pre-syncope, chest pain/ discomfort • Excessive shortness of breath or fatigue with exercise • Palpitations at rest or associated with syncope/ near-syncope • Family history of cardiac disease or arrhythmias, or sudden death (early) – refer to AHA screening questionnaire for specific diseases <p><u>Physical Exam</u></p> <ul style="list-style-type: none"> • Weak or delayed femoral 	<p>1. Using Epic referral form, please complete:</p> <ul style="list-style-type: none"> • Urgency of the referral • What is the patient's chief complaint • Describe details • Pertinent past medical history • Abnormal lab or imaging findings • What is the key question you want addressed • Does patient have psychosocial stressors or mental health concerns <p>In addition, please include the following when you recommend an appt to our</p>	<p>Depending on the symptoms patient presented with, work-up MAY include:</p> <ul style="list-style-type: none"> • Echocardiogram • ECG • Stress Test (Exercise treadmill testing) • Ambulatory ECG monitoring (Holter or Event) • Bloodwork (CBC, NT-proBNP, electrolytes) 	

	<p>members: specifically, hypertrophic or dilated Cardiomyopathy, Long QT syndrome, channelopathies, Marfan syndrome or other inheritable arrhythmias</p> <p>Physical Exam</p> <ul style="list-style-type: none"> Heart murmur or abnormal heart sounds Femoral pulses and look for brachiofemoral delay Physical findings of connective tissue disease Blood pressures (upper and lower extremity if concerned) 	<p>pulses</p> <ul style="list-style-type: none"> Fixed, split second heart sounds +/- murmur Systolic murmur >3/6 or any diastolic murmur Stigmata of connective tissue disease 	<p>clinic:</p> <ul style="list-style-type: none"> Most recent visit note, as well as any other relevant testing the patient may have had in the last year. If had any non-CHW cardiac evaluations (CXR, ECG or heart rate monitors) please send results of those to Cardiology as well. <p>2. Not using Epic referral form:</p> <p>Please fax (414-266-2075) the above information and include:</p> <ul style="list-style-type: none"> Chief complaint, onset, frequency Recent progress notes Labs and imaging results Other Diagnoses Send office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems. 		
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¹Maron et al. Assessment of the 12-Lead ECG as a Screening Test for Detection of Cardiovascular Disease in Healthy General Populations of Young People (12-25 Years of Age): A Scientific Statement from the American Heart Association and the American College of Cardiology. Circulation. 2014;130:00-00.