

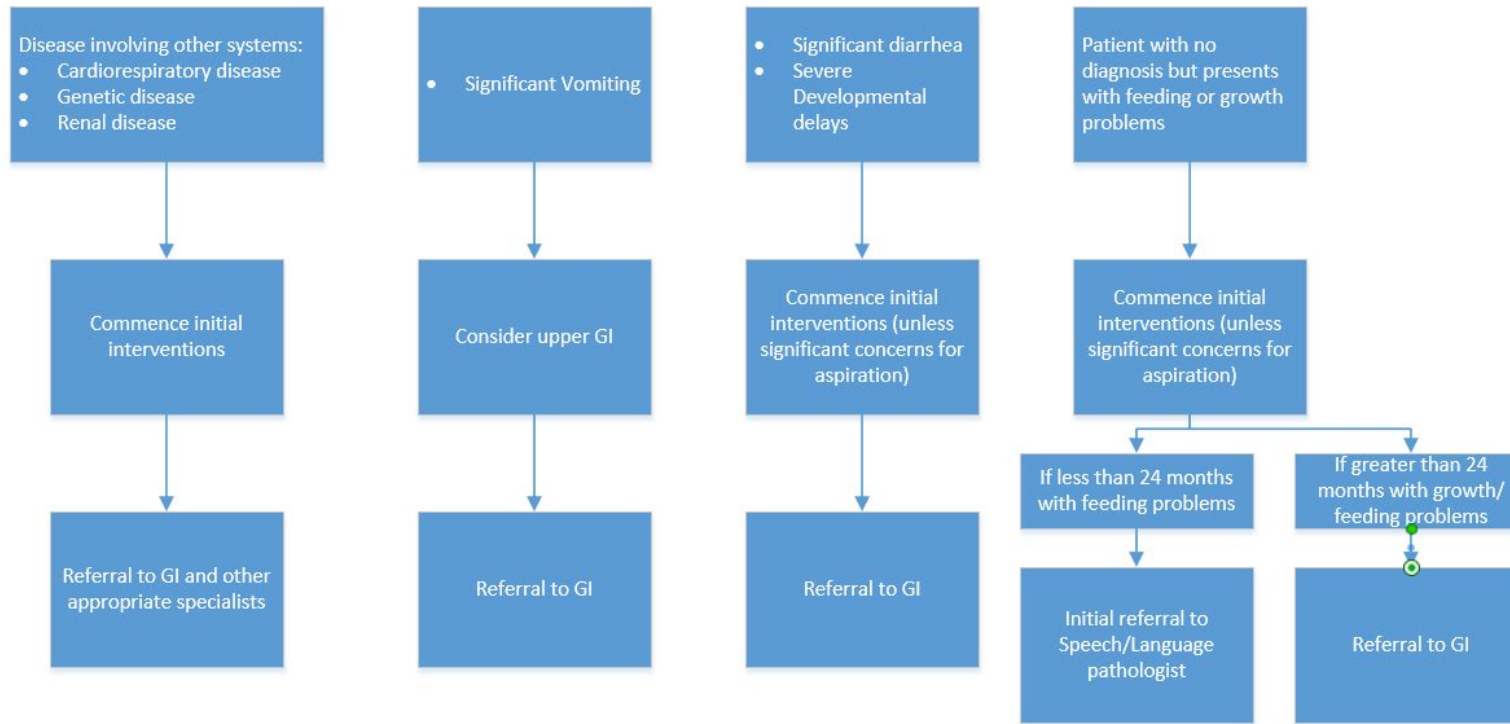
Children's Wisconsin

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.

Failure to Thrive				
<u>Causes</u> Most commonly is due to inadequate calorie intake; Other causes: malabsorption, etc account for <5% of FTT cases				
Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/consider refer to GI Clinic:	What can referring provider send to GI Clinic?	Specialist's workup will likely include:
<p>Signs and symptoms</p> <ul style="list-style-type: none"> Weight-for-length (or BMI) < 3rd percentile (CDC growth chart) or 2nd percentile (WHO growth chart) Poor or no weight gain <ul style="list-style-type: none"> Over a period of time that varies according to the age of the child. In general, the younger the child, the shorter the interval where there is little or no weight gain These should be done along with: <ul style="list-style-type: none"> Assessment of parental size / growth Correction for prematurity (where applicable) 	<p>Diagnosis: Initial interventions in a child with failure to thrive</p> <p>Establish Mealtime Routine</p> <ul style="list-style-type: none"> Add calories Meals and snacks offered every 3 hourly All meals and snacks should be offered in a high chair/at the table Minimize distractions Avoid force feeding Grazing in between meal and snack times should be eliminated NO JUICE Limit meals to 30 minutes <p>Most children with FTT do not need labs:</p> <p>Labs are needed if:</p> <ul style="list-style-type: none"> Significant FTT, FTT not due to inadequate calorie intake <p>Common labs:</p> <ul style="list-style-type: none"> CBC, ESR Metabolic panel Anti-TTG IgA, serum IgA level If less than 2 years old: DPG 	<ul style="list-style-type: none"> ↓ weight, ↓ height - Malnutrition Normal weight, ↓ height - Endocrine Normal weight, ↓ height, dysmorphism - Genetics/Endocrine SGA patients without catch-up growth can be referred to endocrine clinic for possible growth <u>hormone treatment</u> 	<p>1. Using Epic referral form, please complete:</p> <ul style="list-style-type: none"> What is the patient's chief complaint Describe details Pertinent past medical history Abnormal imaging findings What is the key question you want addressed Please ensure we have growth charts If you have obtained labs make sure that we have access to them <p>2. Not using Epic referral form: Please fax 414-607-5288 the above information and include:</p> <ol style="list-style-type: none"> Chief complaint, onset, frequency Recent progress notes Labs and imaging results Other Diagnoses <ul style="list-style-type: none"> Office Number: (414) 607-5280 	<p>After referral to GI Clinic:</p> <p>Labs Most children with FTT do not need labs</p> <p>Labs</p> <ul style="list-style-type: none"> Significant FTT FTT not due to inadequate calorie intake <p>Common labs</p> <ul style="list-style-type: none"> CBC, ESR Metabolic panel, electrolytes Anti-TTG IgA, serum IgA level Fecal elastase Urinalysis

Overall Growth Concerns Algorithm



Guide to high-calorie beverages

Resources for increasing calories:

- Provider resources
 - <https://childrenswi.org/nutritionhandbook>
 - Indications for use of pediatric formulas and oral supplements
 - Recipes for fortifying breast milk
 - Infant and pediatric powder formula recipes
 - Weight velocity charts
 - Patient resources
 - <https://childrenswi.org/publications/teaching-sheets>
 - High Calorie Drinks
 - High Calorie Diet
 - ABCs of Boosting Calories
 - High Calorie Infant Diet
 - 3 scoops powder + 5 ounces water (Add water to bottle first, and then add powder)