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.

Anemia						
Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Hematology Clinic:	What can referring provider send to Hematology Clinic?	Specialist's workup will likely include:		
Signs and symptoms Pallor Fatigue (acute or chronic) Onset of jaundice Headache Associated illness Diet Family history Diagnosis Important to compare values (hemoglobin, indices) obtained on local testing with normal childhood values as there are significant differences between adult and childhood norms Newborn hemoglobin typically 17 to 19 g 8 to 12 weeks of age is the physiologic nadir with normal	Diagnosis and Treatment Physical exam and therapy:	Immediate: Hemoglobin less than 6 to 7 g/dL Rapidly falling hemoglobin New onset of jaundice Headache/altered state of consciousness To be seen in two weeks: Mild to moderate anemia especially of recent onset where there is no history of dietary insufficiency	1. Using Epic Please complete the external referral order In order to help triage our patients and maximize the visit, the following information would be helpful include with your referral order: Urgency of the referral What is the key question you would like answered? Note: Our office will call to schedule the appointment with the patient. 1. Not using Epic external referral order: In order to help triage our patients maximize the visit time, please fax the above information to (414-607-5288) It would also be helpful to include:	After referral to Hematology Clinic: CBC Reticulocyte count Smear Chemistries Coombs test Possibly iron studies Vitamin levels Bone marrow evaluation After examination: Recommendations for local therapy and local follow-up CBC to evaluate response		

Updated by: Dr. Julie Panepinto and Dr. Paul Scott

Updated on: 5/9/2017



values 9 to 11 g, lower in premature infants Gradual rise to hemoglobin 11.5 - 13.5 by about a year of age Adult values reached by ages 13 to 15		 Chief complaint, onset, frequency Recent progress notes Labs and imaging results Other Diagnoses Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems. 	
 Causes Dietary deficiency, especially iron Chronic hemolytic anemia, for example, sickle cell disease Acute onset of hemolytic anemia, for example, autoimmune hemolytic anemia Acute fall in hemoglobin due to blood loss 			

Updated by: Dr. Julie Panepinto and Dr. Paul Scott Updated on: 5/9/2017

