## 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 Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

## Non-Alcoholic Fatty Liver Disease (NAFLD)

Screening with Algorithm

Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Liver Clinic:	What can refer provider send to Liver Clinic?
Whom to screen:	Diagnosis and Treatment	Symptomatic	Internal Provider using Epic:
• BMI > 95%	Obtain ALT	ALT 45-150 with symptoms	Place Ambulatory Referral to
BMI >85% with additional risk	See Algorithm		Gastroenterology Clinic
factors such as metabolic		<ul> <li>personal family or family history liver or</li> </ul>	
syndrome, obstructive sleep	<u>Asymptomatic</u>	autoimmune disease	External Provider using EPIC:
apnea, poly cystic ovary	<ul> <li>ALT 45-150 (repeat x2 1</li> </ul>	<u>Asymptomatic</u>	Please complete the external
disease	month apart) to confirm.	<ul> <li>ALT &gt; 150 (first lab)</li> </ul>	referral order to
<ul> <li>Family history of NAFLD</li> </ul>	<ul> <li>Repeat ALT&gt; 80-Refer to</li> </ul>	Repeat ALT 80-150	CHW_GASTROENTEROLOGY
<ul> <li>Personal history of liver</li> </ul>	Specialist		CLINICS
disease	Repeat ALT 45-80: Monitor	Testing to be obtained upon referral to Liver	OR
	every 6 months;	Clinic:	
Signs and symptoms (RARE)	weight/lifestyle management	<ul> <li>AST, total/direct bilirubin, total</li> </ul>	Fax referral to Central Scheduling at (414)
Jaundice	• Repeat ALT <45-Monitor every 12	protein, albumin, GGT	607-5288
Ascites	months; weight/lifestyle	<ul> <li>Hepatitis C antibody and Hepatitis B</li> </ul>	
Abnormal bruising (Petechia, Purpura)	management	sAg	In order to help triage our patients
Right upper quadrant pain	<ul> <li>personal family or family</li> </ul>	• a-1 antitrypsin level	maximize the visit, it would also be helpful
Chronic fatigue	history liver or autoimmune	<ul> <li>ceruloplasmia</li> </ul>	to include:
Hepatomegaly	disease	ANA screen, anti-smooth muscle (anti-	Chief complaint, onset,
Splenomegaly	Weight /Lifestyle Management	actin) antibody, anti-liver kidney	frequency
	Resources:	microsomal antibodies, total IgG	Recent progress notes
Family history of NAFLD		Abdominal ultrasound	Urgency of the referral

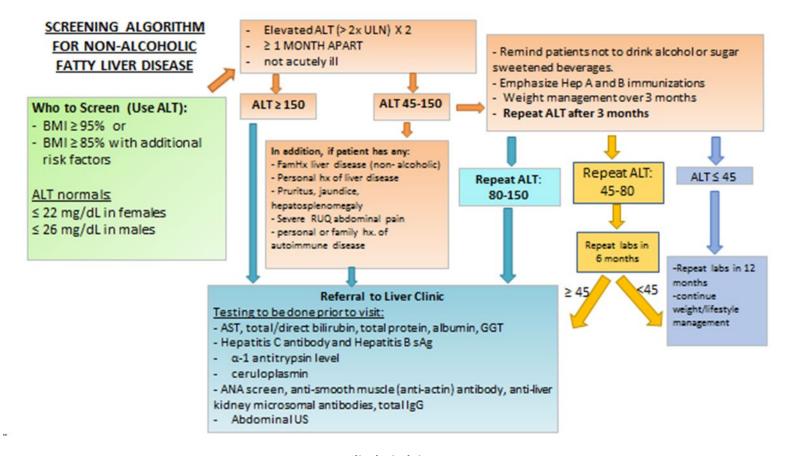


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Updated: May 2022 Valid through: May 2025 Cara Mack, MD

	https://childrenswi.org/medical- care/weight-management/weight- management-tips  https://childrenswi.org/medical- care/weight-management/five- missions  https://childrenswi.org/medical- care/weight-management/obesity  https://childrenswi.org/medical- care/weight-management	<ul> <li>Labs and imaging results with additional recommended testing to be obtained</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>	
Causes: Obesity, Genetics			





## **Medical Disclaimer**

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