

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.

<h3 style="text-align: center;">Child Development Center Developmental Delay</h3>				
Diagnosis/symptom	Referring provider’s initial evaluation and management:	When to initiate referral to Child Development Center:	What can referring providers send to Child Development Center?	Specialist’s workup will likely include:
<p>Signs and symptoms</p> <ul style="list-style-type: none"> • Infants at risk for developmental delay secondary to prematurity, neonatal abstinence syndrome or other known congenital condition. • Infants at greater need for developmental surveillance than babies with an uncomplicated history. • Any infant who has failed any routine parent and/or provider completed developmental screening. 	<p>Questions for the referring providers to consider:</p> <ul style="list-style-type: none"> • What is the age of the child? • What are the suspected delays? • Has the child been enrolled in programs to assist developments (Birth to Three, PT, OT) • What are the factors which place the infant at risk for developmental delays? • Administer age appropriate developmental screening tool. 	<ul style="list-style-type: none"> • Children’s under 2 years of age with suspected developmental delay that are not improving / progressing after 3-6 moths of formal interventions (such as Birth to Three) • Children under 2 years of age with a clear and well documented regression in language and/or social skills. • Children under 2 years of age with multiple developmental delays or unclear etiology. • Children 2 years of age and older with multiple developmental delays that have not responded to intervention, can and should be referred for a multidisciplinary evaluation. Formal language and cognitive / 	<p>Internal Provider using Epic:</p> <ul style="list-style-type: none"> • Place Ambulatory Referral to Mental and Behavioral Health. <p>External Provider using EPIC:</p> <ul style="list-style-type: none"> • Please complete the external referral order CHW_MENTAL AND BEHAVIORAL HEALTH, or • Fax referral to 414/607-5288 <p>In order to help triage our patients maximize the visit It would also be helpful to include:</p> <ul style="list-style-type: none"> • Chief complaint, onset, frequency • Recent progress notes 	<p>After referral to Child Development Center:</p> <ul style="list-style-type: none"> • Children under 2 years of age will first be evaluated by a medical provider. The evaluation will include a full history and exam as well as developmental screening of gross motor, fine motor, language, social and behavior. These screening and exam results will be used as baseline data for follow up in 3-6 months. As a part of the assessment process, parents are required to provide extensive information



For questions concerning this work,
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		<p>developmental assessments are more reliable, and there more helpful in planning therapeutic interventions at around 24 months and beyond.</p> <p>When to consider a referral to OTHER providers:</p> <ul style="list-style-type: none"> • Infants born prematurely should receive a comprehensive evaluation through the Children’s Developmental Follow-up Clinic (HOPE). HOPE stands for Healthy Outcomes Post-ICU Engagement • 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. • Prior to 2 years of age, 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) are generally adequate and should be used as first like options to support children’s developmental needs. • Children’s with motor delays, such as generalized hypotonia, increased muscle tone, feeding difficulties or children with microcephaly may benefit from evaluations by PM & R, Neurology 	<ul style="list-style-type: none"> • Urgency of the referral • 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. <p>PLEASE NOTE: informational packets are no longer routinely mailed to patient families. Information is gathered by a MBH Access Team member unless a mailed packet is preferred by patient family.</p>	<p>regarding their child’s development.</p> <ul style="list-style-type: none"> • Recommended referrals for psychological or language evaluations at the Child Development center, appropriate sub-specialty or community services are made based on the exam and developmental screening results.
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		<p>or Genetics. Also consider PT and OT evaluations.</p> <ul style="list-style-type: none">• Children with developmental delays should be referred to Birth to Three for evaluation and receipt of services first. Then, if progress is not observed in 3-6 months, referral to Child Development is appropriate.		
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