

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.

Pre-Athletic Screening Guidelines (Cardiovascular)

Recommendations for appropriate pre-athletics 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:
<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>Medical History</p> <p><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>	<p>Medical History</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>Physical Exam</p> <ul style="list-style-type: none"> Weak or delayed femoral pulses Fixed, split second heart sounds +/- murmur Systolic murmur >3/6 or any diastolic murmur Stigmata of connective tissue disease 	<p>Internal Provider using Epic: Place Ambulatory Referral to Cardiology</p> <p>External Provider using EPIC: Please complete the external referral order to CHW CARDIOLOGY CLINICS - or - Fax to Central Scheduling at (414) 607-5288 - or - Online ambulatory referral form</p> <p>Referring provider should send most recent visit note, as well as any other relevant testing the patient may have had in the last year.</p> <p>If had any non-CHW cardiac evaluations (CXR, ECG or heart rate monitors) please send results of those to Cardiology as well.</p>	<p>Depending on the symptoms patient presented with, work-up <i>MAY</i> include:</p> <ul style="list-style-type: none"> Echocardiogram ECG Stress Test (Exercise treadmill testing) Ambulatory ECG monitoring (Holter or Event) <p>Bloodwork (CBC, NT-proBNP, electrolytes)</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 members: Specifically, hypertrophic or dilated cardiomyopathy, Long QT syndrome, channelopathies, Marfan syndrome or other inheritable arrhythmias <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 <p>Blood pressures (upper and lower extremity if concerned)</p>			
<p>References</p> <p>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. <i>Circulation</i>. 2014;130:00-00.</p>				

*Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

Medical Disclaimer

Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children’s Hospital and Health System, Inc. nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information. Readers are encouraged to confirm the information contained in this work with other sources.



For questions concerning this work,
 Contact mdconnect@childrenswi.org
 © 2018 Children’s Hospital and Health System, Inc.

Updated: 11/2023
 Valid through: 11/2027
 Dr. Sara Creighton
 *Approved 1/2024