## 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.

Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to Speech Clinic:	What can referring provider send to Speech Clinic?	Specialist's workup will likely include:
Signs and symptoms Akyloglossia in older children may cause social/mechanical issues including difficulty licking, difficulty keeping teeth clean, lower central incisor diastema, sense of social embarrassment While extremely uncommon, akyloglossia can impact speech/articulation development. Unlike in infants, akyloglossia is less commonly associated with feeding problems Akyloglossia has not been shown to cause sleep apnea	Diagnosis and Treatment         Varying degrees of reduced tongue mobility or protrusion         Visible tongue tie         Pediatric Tongue-Tie         Image Examples:         Image Examples:         Normal: round or square         Mild tongue tie: heart shaped         Potential speech/ articulation problems         Poor dental hygiene         Treatment         Primary dental concerns should be assessed by a dental provider	Akyloglossia with associated social/mechanical issues Evaluation by speech provider suggests articulation problems are related to akyloglossia Age > 2 years of age	<ul> <li>Internal Provider using Epic: Place Ambulatory Referral to Speech Feeding</li> <li>External Provider using EPIC: Please complete the external referral order to CHW SPEECH CLINICS and indicate Feeding Clinic in the notes /comments</li> <li>Or</li> <li>Fax to Central Scheduling at (414) 607-5288.</li> <li>In order to help triage our patients maximize the visit It would also be helpful to include: <ul> <li>Chief complaint, onset, frequency</li> <li>Update growth chart</li> <li>Recent progress notes</li> <li>Urgency of the referral</li> <li>Relevant labs</li> <li>Other Diagnoses</li> </ul> </li> </ul>	After referral to Speech Clinic: Speech provider will review the relevant history and family goals Evaluate tongue mobility and protrusion Identifiy presence of tongue tie If subsequent ENT referral is needed: Counsel family that frenulectomy can not be dom in the office in children >6 months of age





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<u>Causes</u> Tongue-tie is a congenital condition that restricts the		Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems	Discuss option of frenulectomy in the operating room Review post operative care
tongue's movement With tongue-tie there is a thick or tight piece of tissu that tethers the tip of the tongue to the floor of the mouth.	le		and management

## **References**

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Walsh J, Tunkel D. Diagnosis and treatment of ankyloglossia in newborns and infants a review. JAMA Otolaryngol Head Neck Surg. 2017; 143(10): 1032–1039.

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

## **Medical Disclaimer**

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