

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.

Infant Tongue Tie/Ankyloglossia:

Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/ consider refer to ENT Clinic:	What can referring provider send to ENT (Otolaryngology) Clinic?	Specialist's workup will likely include:
<p>Signs and symptoms</p> <p>Difficulty latching or sucking during breast/chest feeding</p> <p>Pain with breast/chest feeding</p> <p>Inefficient sucking resulting in longer feeding durations</p> <p>Poor weight gain due to difficulty with breast/chest feeding</p> <p>Anterior spillage of breast milk from mouth</p> <p>Causes</p>	<p>Diagnosis and Treatment</p> <p>Varying degrees of reduced tongue mobility or protrusion</p> <div data-bbox="548 846 1292 1166" data-label="Image"> </div> <p>Visible tongue tie Poor suck or latch</p> <p>Treatment</p> <p>Rule out other causes of poor feeding or weight gain</p>	<p>Exam revealing tongue tie with persistent trouble latching, painful breast feeding, and/or inadequate weight gain</p> <p>Goal of continued breast feeding</p> <p>Unable to adequately bottle feed</p> <p>Concern noted by PCP</p> <p>Evaluation speech language specialist or lactation provider</p>	<p>Internal Provider using Epic:</p> <ul style="list-style-type: none"> Place Ambulatory Referral to Otolaryngology (ENT): Tongue Tie/Lip Tie "Urgent": Tongue-tie or lip-tie with infant <6 months of age AND weight loss OR Breathing and feeding difficulties PLEASE CALL (414) 266-2982, OPTION 1 IF PATIENT REQUIRES EVALUATION WITHIN 24 HOURS. See within 2 weeks: Tongue tie infant < 6 mo, visible tongue tie, unable to feed AND no weight loss Ambulatory Referral to Breastfeeding clinic: Lip tie OR Feeding difficulties, No tongue tie and No posterior tie <p>External Provider using EPIC:</p>	<p>After referral to Otolaryngology Clinic:</p> <p>ENT provider will review the relevant history</p> <p>Evaluate tongue mobility, protrusion, and presence of tongue tie</p> <p>Rule out retrognathia, micrognathia, neuromuscular disorder, hypotonia, and coagulopathy</p> <p>Offer in office tongue tie release in appropriate patients <6 months of age</p> <p>Provide post procedure instructions</p>



For questions concerning this work,
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Author: Michael Gorelik, MD
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<p>Tongue-tie is a congenital condition that restricts the tongue's movement</p> <p>With tongue-tie there is a thick or tight piece of tissue that tethers the tip of the tongue to the floor of the mouth. This prevents appropriate tongue movement to allow for latching and efficient milk extraction during breast feeding</p>	<p>Evaluation by lactation or breast feeding specialist to optimize breast feeding / latching</p>	<p>Recommend referral age under < 6 months</p> <p>Referral Infant > 6 months-2 year old dependant upon clinical concerns</p>	<ul style="list-style-type: none"> • Please complete the external referral order to CHW ENT/OTOLARYNGOLOGY CLINICS or • Fax to Central Scheduling at (414) 607-5280. <p>In order to help triage our patients maximize the visit and determine urgency</p> <ul style="list-style-type: none"> • "<u>Urgent</u>": Tongue-tie or lip-tie with infant <6 months of age AND weight loss OR Breathing and feeding difficulties <p>PLEASE CALL (414) 266-2982, OPTION 1 IF PATIENT REQUIRES EVALUATION WITHIN 24 HOURS.</p> <ul style="list-style-type: none"> • <u>See within 2 weeks</u>: Tongue tie infant < 6 mo, visible tongue tie, unable to feed AND no weight loss • <i>Ambulatory Referral to Breastfeeding clinic</i>: Lip tie OR Feeding difficulties, No tongue tie and No posterior tie <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 • Update growth chart • Recent progress notes • Urgency of the referral • Relevant labs • 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>Refer to additional specialist if required</p>
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References



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

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