
Pediatric Neurodevelopmental Consult and referral guidelines

Introduction

We care for children and teens from birth to 18 years. The most common reasons patients are referred include:

- Dysphagia, Feeding Problems
- Syndromic Children with Developmental Delays
- High-Risk NICU Follow-up
- Infant and Early Childhood Development
- Cerebral Palsy
- Gastrostomy or other tube feeding management
- Feeding (calories, tips for formula changes, etc.)
- Sleep and other day to day care issues in children with delays or disabilities

We want to make referrals easy, fast and efficient for primary care providers. This tool was developed to help create productive visits for you and your patient.

Each guideline includes three sections: suggested work-up and initial management, when to refer, and information needed. Suggested work-ups may not apply to all patients, but these are studies we generally consider during office visits.

Feedback regarding these guidelines is encouraged. Please contact HDVCH Direct to share feedback.

For access to all pediatric guidelines, visit helendevoschildrens.org and type "guidelines" in the search field.

Appointment priority guide

Immediate	Call HDVCH Direct and/or send to the closest emergency department. Contact HDVCH Direct at (616) 391-2345 and ask to speak to the on-call Neurodevelopmental provider.
Urgent	Likely to receive an appointment within 2 days. Contact HDVCH Direct at (616) 391-2345 and ask to speak to the on-call Neurodevelopmental provider.
Routine	Likely to receive an appointment within 1-4 weeks. Send referral via Epic Care Link, fax completed referral form to (616) 267-2401, or send referral through Great Lakes Health Connect.

Diagnosis/symptoms	Suggested work-up/initial management	When to refer	Information needed
Dysphagia, Feeding Problems, including need for tube feeding	Consider oromotor assessment Consider videofluoroscopic swallowing study	Concerns not addressed by prior assessment Coordinated management with other HDVCH specialists	Therapy and swallow study reports
Syndromic Children with Developmental Delays	Genetic testing Metabolic labs		
High Risk NICU Follow-up	Babies born at less than 31 weeks gestational age Hypoxic ischemic encephalopathy Feeding problems	First visit at 3 months adjusted age	NICU discharge summary for babies outside of HDVCH
Infant and Early Childhood Developmental Delays Including Autism	Early On/Intermediate School District referral - no other pre-evaluation is recommended	For consultation	
Cerebral Palsy	As appropriate to child's picture	Assistance with diagnosis, counseling, early therapy management or later management Early and later management to include feeds, therapies, and associated conditions	

Other referral recommendations

Autism	<p>Good first referral sources:</p> <ul style="list-style-type: none"> • Community Mental Health if covered by Medicaid • Autism Assessment Clinic if covered by Commercial insurance <p>Insurance often requires a diagnosis of autism for coverage of related care. CMH and the Autism Assessment Clinic can provide a diagnosis. These centers also assist with coordinating referrals.</p> <p>The HDVCH Neurodevelopmental team can serve as a resource after the initial visit to CMH or the Autism Assessment Clinic.</p>
Significant Behavioral Concerns	Refer to psychology or psychiatry, depending on nature and severity of the concern
ADHD and/or Learning Disabilities	Refer to psychology if unresolved with school testing
Tics	Refer to neurology if consultation desired
Advanced Spastic Cerebral Palsy	Consider Neurology and/or Physical Medicine and Neuromuscular Rehab (PMNR)

HDVCH Direct phone: (616) 391-2345

HDVCH developed these referral guidelines as a general reference to assist referring providers. Pediatric medical needs are complex and these guidelines may not apply in every case. HDVCH relies on its referring providers to exercise their own professional judgment with regard to the appropriate treatment and management of their patients. Referring providers are solely responsible for confirming accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic and prescription decisions.