

# Pediatric Neurodevelopmental Consult and referral guidelines

## About Pediatric Neurodevelopmental

We care for children and teens from birth to age 18.

#### Most common referrals

- 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.)

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Sleep and other day-to-day care issues in children with delays or disabilities

### Pediatric Neurodevelopmental Appointment Priority Guide

Immediate	Contact HDVCH Direct at 616.391.2345 and ask to speak to the on-call neurodevelopmental provider and/or send to the closest emergency department.	
Urgent	Likely to receive an appointment within 2 days. Send referral via Epic Care Link, fax completed referral form to 616.267.2401, or send referral through Great Lakes Health Connect.	
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/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
Dysphagia, Feeding Problems including need for tube feeding	Refer for oromotor assessment (speech or occupational therapy; varies in different centers) Consider videofluoroscopic swallowing study	<ul> <li>Concerns not addressed by prior assessment</li> <li>Coordinated management with other HDVCH specialists</li> </ul>	<ul> <li>Therapy and swallow study reports</li> </ul>
Syndromic Children with Developmental Delays	Genetic testing Metabolic labs Refer to Early On		
High Risk NICU Follow- up Babies born at less than 31 weeks gestational age Hypoxic ischemic encephalopathy or other brain abnormality	Refer to Early On	• First visit at 3 months adjusted age	<ul> <li>NICU discharge summary for babies outside of HDVCH</li> </ul>
Feeding problems Infant and Early Childhood Developmental Delays	Early On/Intermediate School District referral No other pre-evaluation is recommended	For consultation	
Language Delay	Refer to Early On Refer to Speech Therapy	<ul> <li>If no improvement with therapy</li> <li>If has associated problems (dysmorphic features, delay in other areas)</li> </ul>	
Cerebral Palsy	As appropriate to child's picture	<ul> <li>Assistance with diagnosis, counseling, early therapy management or later management</li> <li>Early and later management to include feeds, therapies and associated conditions</li> </ul>	



#### **Other Referral Recommendations**

Autism

Good first referral sources:

- Community Mental Health if covered by Medicaid
- Autism Assessment Clinic if covered by commercial insurance

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. Our team can serve as a resource after the initial visit to CMH or the Autism Assessment Clinic.

- Significant Behavioral Concerns Refer to Pediatric Behavioral Health, depending on nature and severity of the concern
- ADHD and/or Learning Disabilities
   Refer to Pediatric Behavioral Health if unresolved with school testing
- Tics

Refer to Pediatric Neurology if consultation desired

Advanced Spastic Cerebral Palsy
 Consider Cerebral Palsy Clinic