

Pediatric Infectious Diseases Consult and referral guidelines

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About Pediatric Infectious Diseases

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

Most common referrals

- Chronic or recurrent infections
- Chronic or recurrent fevers
- Recurrent sinopulmonary or otitis infections
- Immunodeficiency evaluation and care
- Chronic Hepatitis B management
- Hepatitis C (chronic infection)
- management and evaluation of infants born to Hepatitis C-positive mothers)
- HIV management and care (including care for infected children, perinatal evaluation and non-occupational postexposure prophylaxis [nPEP])
- Histoplasmosis
- Lyme Disease
- Recurrent MRSA infections
- Travel Medicine Clinic
- Adoption counseling for adoptees with HIV, Hepatitis B or Hepatitis C

Pediatric Infectious Diseases Appointment Priority Guide

Immediate	Contact HDVCH Direct at 616.391.2345 and ask to speak to the on-call infectious diseases physician and/or send to the closest emergency department.
Urgent	Likely to receive an appointment within 2 days. Call HDVCH Direct and ask to speak to the on-call infectious diseases physician regarding an urgent referral.
Routine	Likely to receive an appointment within 7 days. Send referral via Epic Care Link, fax completed referral form to 616.267.2301, or send referral through Great Lakes Health Connect.

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
General Referrals			<ul style="list-style-type: none"> Records including growth chart, immunizations, previous cultures with sensitivities, CBC and radiographic studies
Chronic or Recurrent Infections	Detailed history of infectious history, IgG (subclasses note recommended), IgA, IgM levels, CBC, culture results		<p><i>See General Referrals</i></p> <ul style="list-style-type: none"> Antibiotic courses given Any positive family history for immune deficiencies
Chronic or Recurrent Fevers	Detailed history of fever episodes with associated symptoms/signs, fever log, CRP, ESR and culture results (while febrile and afebrile)	<ul style="list-style-type: none"> Ongoing fevers for more than 3 episodes, or concerning associated symptoms 	<p><i>See General Referrals</i></p> <ul style="list-style-type: none"> Antibiotic courses given Any positive family history for periodic fevers
Recurrent Sinopulmonary or Otitis Infections	<p>Evaluation for atopy, cultures and sensitivities</p> <p>IgG, IgA and IgM levels</p>	<ul style="list-style-type: none"> Consider ENT evaluation before referral or concurrently 	<p><i>See General Referrals</i></p> <ul style="list-style-type: none"> Antibiotic courses given ENT, Pulmonology and/or Allergy notes
Immunodeficiency, evaluation and care	<p>IgG, IgM and IgA levels, CBC with differentials</p> <p>Documentation of infections with unusual or opportunistic organisms (pneumocystis jiroveci pneumonia, mycobacterium, candida infections in older children)</p>	<ul style="list-style-type: none"> If there is recurrent or persistent infections, an unusual organism causing infection, severe course of a typically mild infection, or family history of immunodeficiency. <i>If the newborn screen for SCIDS is positive, immediately call HDVCH Direct (616.391.2345) and ask for the on-call allergist/immunologist. If they cannot be reached, ask for the on-call infectious diseases physician.</i> 	<p><i>See General Referrals</i></p> <ul style="list-style-type: none"> Immunoglobulin levels FISH 22q11 if DiGeorge Any flow cytometry results (if performed)

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
Chronic Hepatitis B Management	Hepatitis B viral load, Hepatitis B antigen/antibody, complete metabolic profile, alpha fetoprotein level, CBC, Hepatitis C testing, HIV testing	<ul style="list-style-type: none"> When a pediatric patient is identified as having positive Hepatitis B 	<p>See <i>General Referrals</i></p> <ul style="list-style-type: none"> Previous or current antiviral therapy Adoption or refugee papers (if an international immigrant) Any liver ultrasound studies
Mom with Diagnosis of Hepatitis C	Hepatitis C viral load and HIV testing of mother		
Chronic Hepatitis C Management	<p>After the child has been identified as having Hepatitis C: Hepatitis C viral load, Hepatitis C antibody, complete metabolic profile, alpha fetoprotein level, CBC, hepatitis B testing, HIV testing</p> <p>Nucleic acid viral load if child is <18 months</p>	<ul style="list-style-type: none"> When a pediatric patient is identified as having positive Hepatitis C, or was born to a Hepatitis C-positive mother 	<p>See <i>General Referrals</i></p> <ul style="list-style-type: none"> Any liver ultrasound studies
HIV Management			
Care for infected children	Labs: HIV antibody, HIV viral load, CD4 count, CBC with differential, complete metabolic profile	<ul style="list-style-type: none"> When a pediatric patient is identified as having HIV, including international adoptees and refugees 	<ul style="list-style-type: none"> Initial management labs Previous and current antivirals Prior or current opportunistic infections Developmental status Psychiatric comorbidities Nutritional status
Perinatal evaluation	Labs: HIV DNA or RNA, PCR, CBC with differential, complete metabolic profile	<ul style="list-style-type: none"> When an infant is born to a mother with known or suspected HIV infection 	<ul style="list-style-type: none"> Maternal HIV testing results Maternal treatment history History of maternal comorbidities

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Non-occupational post-exposure prophylaxis (nPEP)	Labs: HIV antibody, CBC with differential, complete metabolic profile, Hepatitis C antibody, Hepatitis B surface antibody, Hepatitis B surface antigen	<ul style="list-style-type: none"> When a child is exposed to blood or body fluids (including sexual assault) that is potentially contagious for HIV, as well as Hepatitis B and/or C 	<ul style="list-style-type: none"> Prior testing results for HIV, Hepatitis B, Hepatitis C, Hepatitis B vaccine receipt Time of exposure
Pre-exposure prophylaxis (PrEP)	Labs: HIV antibody, CBC with differential, complete metabolic profile	<ul style="list-style-type: none"> When an HIV-negative adolescent or teenage has increased risk of HIV infection, and desires preventative medication 	<ul style="list-style-type: none"> Prior testing results for HIV and sexually transmitted infections
Histoplasmosis	Histoplasma serologies, Histoplasma urine antigen, complete metabolic profile, chest X-ray and/or thoracic CT scan	<ul style="list-style-type: none"> If symptomatic for more than 1 month or has pulmonary nodules 	<p><i>See General Referrals</i></p> <ul style="list-style-type: none"> Chest radiographic studies Histoplasma labs
Lyme Disease	<p>First, Lyme Disease Serology screen</p> <p>Second, confirmatory IgG and IgM Western Blot results (HDVCH currently sends to Mayo Clinic)</p> <p>If patient has Erythema migrans bullseye rash, and reasonable exposure history, testing does not need to be performed and treatment should be given immediately</p>	<ul style="list-style-type: none"> Treated patients without symptoms do not need to be referred Refer to AAP Redbook for recommended antibiotic treatment Patients with ongoing or recurrent symptoms after initial treatment should be referred 	<p><i>See General Referrals</i></p> <ul style="list-style-type: none"> Lyme testing results from a laboratory that uses FDA-approved assays Previous treatment courses
Recurrent MRSA infections	<p>Culture of abscess material with sensitivities, treatment with Bactrim or clindamycin</p> <p>Refer to AAP website for bleach bath protocol</p>	<ul style="list-style-type: none"> When patient has multiple infections in a short period of time or if multiple family members are having infections 	<p><i>See General Referrals</i></p> <ul style="list-style-type: none"> Culture results with sensitivities

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
Travel Medicine Clinic	None	<ul style="list-style-type: none"> • When children, adolescents, teens and even parents will be traveling abroad • We care for the whole family and can accommodate travelers with special needs and chronic health conditions 	<ul style="list-style-type: none"> • List of prior vaccinations, including routine and travel vaccines • Anticipated travel destinations and dates of travel; it is preferable to be seen 6 to 8 weeks before arrival in country for travel immunizations to be effective • <i>The cost of visits is not covered by insurance and will need to be paid out of pocket. Many vaccines will need to be paid out of pocket.</i>
Adoption Counseling for adoptees with HIV, Hepatitis B or Hepatitis C	<p>Parents considering adoption of a child with one of these infections can have a meeting with a Pediatric Infectious Diseases physician to review available medical records</p> <p>We will also discuss treatment options, prognosis and long-term care issues</p>	<ul style="list-style-type: none"> • When a potential adoptee with one of these conditions is being considered 	<ul style="list-style-type: none"> • Any medical records that were provided by the adoption agency • <i>The cost of these visits is not covered by insurance and will need to be paid out of pocket.</i>