DEVELOPMENTAL DELAY (CHILD </= 5 YEARS) REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV OF DEVELOPMENTAL & BEHAVIORAL) • 1577 CONGRESS ST, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

History of developmental regression (loss of meaningfully used speech, other communicative behaviors like eye contact, motor or adaptive skills)

Exam concerning for: dysmorphic features, coarse facial features, failure to thrive, hepatomegaly, rapidly increasing HC, microcephaly or significant hypotonia

Labs: specific to presentation by H & P

SUGGESTED PREVISIT WORKUP

Refer to Pediatric Neurologist. Please include specific concerns in the history, pertinent exam findings, along with growth charts (if not in EMR/EPIC) and laboratory studies relevant to concerns. Consider genetics referral based on outcome of neurology consult.

If unsure please call to discus with specialist.

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Global Developmental Delay or Significant delay in one area with: **Signs of Autism Spectrum Disorder (see MMP referral guideline), limited developmental progress** with early intervention/CDS and/or direct therapies a**nd/or significant behavioral issues (aggression or self-injurious behavior(s)**

Exam is normal. - i.e. No dysmorphic features, coarse facial features, failure to thrive, hepatomegaly, rapidly increasing HC, significant hypotonia, or microcephaly

Labs: Please forward any recent developmental assessments and progress reports along with IFSP (CDS service plan) or IEP

SUGGESTED WORKUP

Consider referral to Developmental and Behavioral Pediatrics (if regression see red box). Send pertinent history as discussed above and any other referral questions or concerns

These patients are prioritized with goal of first visit within 2-3 months

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Developmental delay with early intervention and / or direct therapies in place to address area(s) of concern (speech, occupational or physical)

Exam is normal. - No dysmorphic features, coarse facial features, failure to thrive, hepatomegaly, rapidly increasing HC, significant hypotonia, or microcephaly

Assessments: Review assessments and progress reports from therapists and EI team/CDS

SUGGESTED MANAGEMENT

Endorse appropriate progress

Ongoing monitoring in the Medical Home

CLINICAL PEARLS

- It is recommended that formal screening has been completed as a part of referral. The AAP Guideline is a good resource - Identifying Infants and Young Children with Developmental Disorders in the Medical Home: *An Algorithm for Developmental Surveillance and Screening. Pediatrics 2006; 118; 405-420.*
- For the initial workup of global developmental delay guideline: Practice Parameter: Evaluation of the Child with Global Developmental Delay. *American Academy of Neurology. 2003; 60: 367-380. Updated 2009*
- If considering genetic testing, please consider a genetics consultation. Please see: Comprehensive Evaluation of the Child With Intellectual Disability or Global Developmental Delays. Pediatrics 2014; 134; v 3. It is recommended genetic testing should be completed in accordance with the standard of care with pre and posttest genetic counseling.
- For children with concerning medical history or risk factors such as prematurity, history of stroke or seizures, or other known neurological condition impacting development, consider referral directly to home health care agency (examples include HHVN/CHANS and Home Health and Healing).
- Child Development Services of Maine is an educational model of care and some younger children especially those less than 18 months of age with other medical conditions or risk factors may be better served by a medical model of care. In CDS, the person coming into the home may be an early child hood educator not a SLP/OT or PT though that is what is recommended. Though correction for prematurity up until 2 years of age is suggested when monitoring development, high risk status for developmental delay should guide recommendations when assessing a child and for providing intervention.

Maine Medical PARTNERS

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