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<p>Diagnosis/symptom Cytomegalovirus (CMV)</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>History and physical including:</p> <ul style="list-style-type: none"> • Maternal pregnancy history • Birth and neonatal history • Treatment history • Current signs/symptoms 	<p>When to initiate referral:</p> <p>Infants with suspected or known congenital CMV</p>	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records including treatment history • All past laboratory studies including viral PCR or culture results • Results of any hearing evaluations or ophthalmologic evaluations • Any imaging studies 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Complete history and physical • Staging of CMV disease • Treatment/no treatment recommendations <p>Laboratory studies:</p> <ul style="list-style-type: none"> • CBC with diff • LFTs • Lymphocyte subsets • HIV DNA/RNA PCR or HIV serology • Referral for audiology/ further CNS imaging/ development assessment as indicated
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> Urgent referral recommended for:

- Newly diagnosed HIV+ infant or child with acute symptoms
- HIV+ infant/child recent immigrant
- All neonatal HSV cases

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Our providers appreciate having the information ahead of time; alternatively, it can be hand carried by the family.
- Provide relevant clinical notes.



<p>Diagnosis/symptom Herpes Simplex Virus</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>History and physical including:</p> <ul style="list-style-type: none"> • Detailed birth history including parent and sibling HSV history • Symptom history (skin or mucosal lesions, CNS findings) • Treatment history <p>Laboratory studies</p> <ul style="list-style-type: none"> • HSV FA/culture/PCR results • HSV serology results 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Documented or suspected neonatal HSV • Older children with recurrent HSV 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records • Relevant laboratory studies • Results of any additional tests 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Complete history and physical • Additional lab work as indicated • Radiographic studies • Family counseling and education
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Clinic phone: 206-987-2073. To request a consult or referral, please call the Clinical Intake Nurses at 206-987-2080 or toll free at 866-987-2080. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.



<p>Diagnosis/symptom Human Immunodeficiency Virus Exposure</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>History for perinatal HIV exposure</p> <ul style="list-style-type: none"> • Maternal health history including antiretroviral treatment during pregnancy, CD4 and viral load at delivery • Neonatal history including type of delivery and antiretroviral treatment of infant <p>History for other HIV exposure</p> <ul style="list-style-type: none"> • History of exposure incident including extent and timing • Current antiretroviral treatment if any 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Infant/children born to HIV-infected mother • Children with history of needle stick injury • Children with history of sexual assault if no access to sexual assault center 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records • Relevant laboratory studies 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Assessment of HIV risk • Post-exposure prophylaxis management • Assessment for co-infection risk • Post-exposure diagnosis • Referral to sexual assault center if indicated
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<p>Diagnosis/symptom Human Immunodeficiency Virus (HIV) Infection</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>History and physical including:</p> <ul style="list-style-type: none"> • Current and past antiretroviral treatment • Family history • Current and past illnesses • Growth and development • Current signs/symptoms <p>Laboratory studies</p> <ul style="list-style-type: none"> • CBC with diff • LFTs • Lymphocyte subsets • HIV DNA/RNA PCR or HIV serology 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Documented HIV infection in a child or adolescent 0-21 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • All available medical records • Immunization records • All available laboratory studies 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Complete history and physical • Additional laboratory studies including co-infections, viral resistance • HIV disease staging including referral to other specialists as needed • Antiretroviral management recommendations
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