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Diagnosis/symptom

Allergic rhinitis

Nasal allergies

Seattle Children's currently has no allergy service. Please refer to Northwest Asthma and Allergy Clinic: <http://www.asthmainc.org/index.asp>



<p>Diagnosis/symptom Ciliary Dyskinesia</p>	<p>Referring provider's initial evaluation and management can include:</p> <ul style="list-style-type: none"> • Evaluation in Pulmonary Clinic • Chest X-ray to rule out situs inversus 	<p>Initiate referral when:</p> <ul style="list-style-type: none"> • Chronic refractory otitis media, sinusitis, and bronchitis or lung infections with or without situs inversus 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Previous work-up by pulmonary • Chest x-ray • Treatment tried to date • Response to treatment 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Ciliary biopsy • CT or MRI imaging as needed • Rhinolaryngoscopy as needed
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> 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. Radiographic images (CT, X-ray, MRI) are best hand carried.
- Provide relevant clinical notes.

Clinic phone: 206-987-2105. 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 Cough</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY:</p> <ul style="list-style-type: none"> • Rule out <ul style="list-style-type: none"> • Cough variant asthma • Pertussis • GERD <p>PHYSICAL EXAM</p> <ul style="list-style-type: none"> • Consider Pulmonary consult <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> • Chest and sinus imaging 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Pulmonary issues ruled out and sinusitis demonstrated • Suspected foreign body 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records • Imaging studies 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Possibly further imaging • Possible airway endoscopy
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Diagnosis/symptom

Epistaxis

Most pediatric recurrent epistaxis is related to allergic rhinitis.

Referring provider's initial evaluation and management can include:

HISTORY:

- R/O coagulopathy

PHYSICAL EXAM

TREATMENT:

- Treat allergic rhinitis (nasal saline, topical steroids)
- Avoid Flonase (more mucosal irritation)
- Direct all nose sprays up and out (away from the distal septum which is usually the area of bleeding)
- Apply 1% hydrocortisone ointment to the distal septum with a Q tip once a day (not antibiotic ointment)
- Avoid cautery (risk of septal perforation)

When to initiate referral:

- No coagulopathy and no improvement with initial management as recommended

What can referring provider send?

- Pertinent medical records including documentation of allergy evaluation and previous therapies

Children's workup will likely include:

- Continue recommended management
- Cautery rarely used

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- Provide relevant clinical notes.



<p>Diagnosis/symptom Hearing Loss</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY:</p> <ul style="list-style-type: none"> • Patient and family history <p>PHYSICAL EXAM:</p> <p>Hearing Assessment:</p> <ul style="list-style-type: none"> • Age appropriate assessment of hearing (BAER/audiogram) <p>Routine well-child care including immunizations</p> <p>LABS:</p> <p>Rapid CMV Assay (Urine shell vial culture for CMV) if patient is less than 4 weeks old</p>	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Hearing loss is documented. • If hearing loss is suspected, then refer to audiology. 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records • Electronic copy of imaging studies (we recommend the studies be obtained at Children's.) • Hearing assessment (including copies of newborn or school hearing screen results) • Family history 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Hearing assessment • Temporal bone imaging • Genetic testing • Other tests for work up of etiology of hearing loss • Possible hearing aid evaluation
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- Provide relevant clinical notes.

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<p>Diagnosis/symptom Hoarseness</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY</p> <p>PHYSICAL EXAM:</p> <ul style="list-style-type: none"> • A one-month trial of ranitidine or lansoprazole • Treatment of associated allergy symptoms, if present <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> • Lateral and AP neck film if stridor is present 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Hoarseness persists beyond 4-6 weeks • Hoarseness is associated with stridor or laryngeal trauma 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records • Imaging studies if any 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Voice evaluation by speech therapist • Fiberoptic laryngoscopy (performed in office)
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Diagnosis/symptom

Laryngomalacia (or infantile stridor)

Laryngomalacia is often associated with gastroesophageal reflux and medical management of GERD will often help to alleviate airway symptoms.

Referring provider's initial evaluation and management can include:

HISTORY

PHYSICAL EXAM

Start GERD therapy

When to initiate referral:

- The patient exhibits excessive work of breathing.
- Failure to thrive
- Apnea or cyanosis

What can referring provider send?

- Pertinent medical records:
 - History and physical
 - Medical treatment for GERD

Children's workup will likely include:

- Flexible fiberoptic examination of the upper airway during the clinic visit

> Tips for an effective visit:

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- Provide relevant clinical notes.



<p>Diagnosis/symptom for Neck Mass</p> <p>Lateral Neck Mass</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY:</p> <ul style="list-style-type: none"> • PPD • Course of antibiotics <p>PHYSICAL EXAM</p> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> • Chest radiographs 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Suspect <ul style="list-style-type: none"> • branchial cleft cyst • tumor • non-responsive adenopathy 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records • Imaging studies • Lab results 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Possible imaging • Possible needle biopsy
<p>Midline Neck Mass (possible thyroglossal duct cyst)</p>	<p>HISTORY:</p> <ul style="list-style-type: none"> • PPD • Course of antibiotics <p>PHYSICAL EXAM</p> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> • Imaging by ultrasound 	<ul style="list-style-type: none"> • Discrete midline mass (not adenopathy) 	<ul style="list-style-type: none"> • Pertinent medical records • Imaging studies 	<ul style="list-style-type: none"> • History and physical • Possible imaging studies

> Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
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- Provide relevant clinical notes.



<p>Diagnosis/symptom for Neck Mass</p> <p>Thyroid Mass</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY</p> <p>PHYSICAL EXAM</p> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> • Ultrasound <p>LABS:</p> <ul style="list-style-type: none"> • Free t4 • TSH • Calcitonin 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Demonstrated thyroid mass 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Pertinent medical records • Endocrine evaluation • Imaging studies 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Endocrine consult • Fine needle aspiration biopsy
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> Tips for an effective visit:

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- Provide relevant clinical notes.



Diagnosis/symptom
Nasal Fracture

Referring provider's initial evaluation and management can include:

HISTORY

PHYSICAL EXAM

IMAGING STUDIES:

- Not recommended unless other facial fractures are suspected (this is a clinical diagnosis – usually brisk nasal bleeding for 5-10 minutes after injury with subsequent contusion and asymmetry)

When to initiate referral:

- Immediately after injury when nasal fracture with asymmetry is suspected.
- Evaluation within one week is optimal to determine need for a closed reduction before healing has progressed (often by about two weeks).

What can referring provider send?

- Pertinent medical records including history and physical

Children's workup will likely include:

- History and physical
- Photographs

> 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. Radiographic images (CT, X-ray, MRI) are best hand carried.
- Provide relevant clinical notes.



<p>Diagnosis/symptom for Otitis</p> <p>Chronic Otitis Media</p> <p>Chronic Otitis Media is defined as otherwise unexplained ear drainage for greater than six weeks. Possible causes include: infected perforation, cholesteatoma, temporal bone tuberculosis, temporal bone tumor (rhabdomyosarcoma), and AIDS.</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY</p> <p>PHYSICAL EXAM</p> <p>LABS:</p> <ul style="list-style-type: none"> • Culture of ear drainage <p>Treat chronic otorrhea with topical drops (use steroid containing drops if drainage is bloody) for 2 weeks.</p>	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Suspected chronic Otitis Media • Persistently abnormal otoscopic examination 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Appropriate lab results • Culture of ear drainage for drainage unresponsive to empiric ototopical tx, • HIV for suspected AIDS, • TB skin test for recent immigrant 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Hearing assessment • Temporal bone CT imaging.
<p>Recurrent Otitis Media</p>	<p>HISTORY:</p> <ul style="list-style-type: none"> • Number of episodes, dates, and antibiotic treatment. <p>PHYSICAL EXAM</p>	<ul style="list-style-type: none"> • Five to six documented episodes in one year or three to four months of persistent middle ear effusion with clinical hearing loss • A lower threshold for referral is appropriate for younger (less than one year) or more symptomatic (spontaneous ear drum rupture or concern for expressive language delay) patients. 	<ul style="list-style-type: none"> • Pertinent medical records including all prior treatments. 	<ul style="list-style-type: none"> • Hearing assessment

> Tips for an effective visit:

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- Provide relevant clinical notes.



Diagnosis/symptom for Otitis

Otitis Externa (“Swimmer’s Ear”)

Referring provider’s initial evaluation and management can include:

HISTORY

PHYSICAL EXAM

TREATMENT:

- Topical therapy with an ototoxic antibiotic: avoid any ototoxic (aminoglycoside, neomycin) drugs if the patient has a known or suspected open ear drum (ear tube or perforation). Ototoxic drops with corticosteroid have shown greater efficacy.
- Dry ear precautions (no swimming, use cotton ball with Vaseline plugs when bathing)

When to initiate referral:

- Patient does not respond to treatment.

What can referring provider send?

- Pertinent medical records including all prior treatments

Children’s workup will likely include:

- May include hearing assessment
- Will likely include ear suctioning

> 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. Radiographic images (CT, X-ray, MRI) are best hand carried.
- Provide relevant clinical notes.



<p>Diagnosis/symptom for Tonsils</p> <p>Large Tonsils and/or adenoids with obstructed breathing during sleep</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY</p> <p>PHYSICAL EXAM</p> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> • Lateral soft tissue neck radiograph to evaluate adenoid size. <p>Polysomnogram – can be arranged via a consult with Seattle Children's Ambulatory Sleep Medicine division.</p>	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Obstructed breathing during sleep documented by sleep study or, • Clinical findings of snoring, gasping pauses, daytime somnolence or inattention, ADD, etc. 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Sleep study results (if performed at another institution) • Imaging studies 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • A polysomnogram may be ordered if the diagnosis is uncertain clinically.
<p>Recurrent tonsillitis</p>	<p>HISTORY:</p> <ul style="list-style-type: none"> • Number of episodes and dates • Antibiotic treatment <p>PHYSICAL EXAM</p> <p>LABS:</p> <ul style="list-style-type: none"> • Culture and sensitivity 	<ul style="list-style-type: none"> • Five to six episodes of documented tonsillopharyngitis requiring antibiotic therapy in one year • Three to four per year over two or more years (some but usually not all with positive culture for <i>Strep</i>) 	<ul style="list-style-type: none"> • Pertinent medical records including all prior treatments. • Laboratory studies 	<ul style="list-style-type: none"> • History and physical exam

> Tips for an effective visit:

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- Provide relevant clinical notes.



<p>Diagnosis/symptom Rhinorrhea/Congestion</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY:</p> <ul style="list-style-type: none"> • R/O allergic rhinitis (daytime congestion) • Evaluate for adenoid hypertrophy (nighttime snoring) <p>PHYSICAL EXAM</p> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> • Consider lateral neck imaging 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Adenoid hypertrophy is demonstrated 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Imaging studies 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Sometimes further imaging • History and physical
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- Provide relevant clinical notes.



<p>Diagnosis/symptom Sinusitis</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY:</p> <ul style="list-style-type: none"> Nasal irrigation with mupirocin ointment in saline (5 grams in 45 ml) 2 squirts each nostril twice a day Nasal steroid spray <p>PHYSICAL EXAM</p> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> CT sinuses (non-contrast coronal) if older than age 6 	<p>When to initiate referral:</p> <ul style="list-style-type: none"> Imaging shows inflammation of sinuses No improvement with previously listed medical therapy No improvement with allergy management Imaging evidence of polyps or other mass 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> Sinus images (not just the report) Documentation of previous medical therapy and allergy evaluation 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> History and physical Sometimes further imaging
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Diagnosis/symptom

Vascular Tumor or Anomaly

Referring provider's initial evaluation and management can include:

HISTORY

PHYSICAL EXAM

Please refer to the following Seattle Children's web page:

http://www.seattlechildrens.org/our_services/vascular_anomalies/

When to initiate referral:

- Vascular tumor or other anomaly is suspected.
- Complications (ulceration, vision, airway) usually occur during time of greatest growth – 3 to 4 months of age. Patients ideally should be seen as soon as possible.
- For suspected complication, request emergent appointment via Clinical Intake Nurses (206-987-2080).

What can referring provider send?

- History
- Physical
- Imaging studies

Children's workup will likely include:

- Multidisciplinary evaluation
- Imaging when appropriate

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<p>Diagnosis/symptom Velopharyngeal Insufficiency</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>HISTORY Hypernasal Speech Nasal Regurgitation Speech Pathology Assessment</p> <p>PHYSICAL EXAM</p>	<p>When to initiate referral:</p> <ul style="list-style-type: none"> • Hypernasal speech • Persistent nasal regurgitation after 1 year of age • Post adenoidectomy VPI if symptoms persist more than 6 months 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • History • Physical • Speech pathology assessment 	<p>Children's workup will likely include:</p> <p>Velopharyngeal Insufficiency Evaluation, which includes a perceptual speech assessment in speech pathology, nasopharyngoscopy in otolaryngology and videofluoroscopy for speech assessment</p>
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<p>Diagnosis/symptom Vertigo/Dizziness</p>	<p>Referring provider's initial evaluation and management can include:</p> <p>Reliable history</p> <ul style="list-style-type: none"> • Associated symptoms: nausea/vomiting/tinnitus/photophobia/palpitations • Duration of symptoms • Episodic in nature • Exposure to toxic chemicals, drugs • Head injury • Hearing loss • Progression • Severity <p>Exam</p> <ul style="list-style-type: none"> • 3-position postural BP and pulse <p>Other tests to consider</p> <ul style="list-style-type: none"> • EKG • serum electrolytes 	<p>Initiate referral when:</p> <ul style="list-style-type: none"> • Persistent, progressive symptoms with otherwise negative history • Normal postural BP and pulse 	<p>What can referring provider send?</p> <ul style="list-style-type: none"> • Documentation of clinical course • Treatment to date • Response to treatment 	<p>Children's workup will likely include:</p> <ul style="list-style-type: none"> • Vestibular testing • Audiogram • Imaging as needed
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