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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><b>Diagnosis/symptom</b> <b>Ciliary Dyskinesia</b></p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <ul style="list-style-type: none"> <li>• Evaluation in Pulmonary Clinic</li> <li>• Chest X-ray to rule out situs inversus</li> </ul>	<p><b>Initiate referral when:</b></p> <ul style="list-style-type: none"> <li>• Chronic refractory otitis media, sinusitis, and bronchitis or lung infections with or without situs inversus</li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Previous work-up by pulmonary</li> <li>• Chest x-ray</li> <li>• Treatment tried to date</li> <li>• Response to treatment</li> </ul>	<p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Ciliary biopsy</li> <li>• CT or MRI imaging as needed</li> <li>• Rhinolaryngoscopy as needed</li> </ul>
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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><b>Diagnosis/symptom</b> <b>Cough</b></p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <p>HISTORY:</p> <ul style="list-style-type: none"> <li>• Rule out             <ul style="list-style-type: none"> <li>• Cough variant asthma</li> <li>• Pertussis</li> <li>• GERD</li> </ul> </li> </ul> <p>PHYSICAL EXAM</p> <ul style="list-style-type: none"> <li>• Consider Pulmonary consult</li> </ul> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> <li>• Chest and sinus imaging</li> </ul>	<p><b>When to initiate referral:</b></p> <ul style="list-style-type: none"> <li>• Pulmonary issues ruled out and sinusitis demonstrated</li> <li>• Suspected foreign body</li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Pertinent medical records</li> <li>• Imaging studies</li> </ul>	<p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Possibly further imaging</li> <li>• Possible airway endoscopy</li> </ul>
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<p><b>Diagnosis/symptom</b></p> <p><b>Epistaxis</b></p> <p>Most pediatric recurrent epistaxis is related to allergic rhinitis.</p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <p>HISTORY:</p> <ul style="list-style-type: none"> <li>• R/O coagulopathy</li> </ul> <p>PHYSICAL EXAM</p> <p>TREATMENT:</p> <ul style="list-style-type: none"> <li>• Treat allergic rhinitis (nasal saline, topical steroids)</li> <li>• Avoid Flonase (more mucosal irritation)</li> <li>• Direct all nose sprays up and out (away from the distal septum which is usually the area of bleeding)</li> <li>• Apply 1% hydrocortisone ointment to the distal septum with a Q tip once a day (not antibiotic ointment)</li> <li>• Avoid cautery (risk of septal perforation)</li> </ul>	<p><b>When to initiate referral:</b></p> <ul style="list-style-type: none"> <li>• No coagulopathy and no improvement with initial management as recommended</li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Pertinent medical records including documentation of allergy evaluation and previous therapies</li> </ul>	<p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Continue recommended management</li> <li>• Cautery rarely used</li> </ul>
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**Diagnosis/symptom**

**Hearing Loss**

**Referring provider's initial evaluation and management can include:**

**HISTORY:**

- Patient and family history

**PHYSICAL EXAM:**

**Hearing Assessment:**

- Age appropriate assessment of hearing (BAER/audiogram)

Routine well-child care including immunizations

**LABS:**

Rapid CMV Assay (Urine shell vial culture for CMV) if patient is less than 4 weeks old

**When to initiate referral:**

- Hearing loss is documented.
- If hearing loss is **suspected**, then refer to audiology.

**What can referring provider send?**

- 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

**Children's workup will likely include:**

- 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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<p><b>Diagnosis/symptom</b> <b>Hoarseness</b></p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <p>HISTORY</p> <p>PHYSICAL EXAM:</p> <ul style="list-style-type: none"> <li>• A one-month trial of ranitidine or lansoprazole</li> <li>• Treatment of associated allergy symptoms, if present</li> </ul> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> <li>• Lateral and AP neck film if stridor is present</li> </ul>	<p><b>When to initiate referral:</b></p> <ul style="list-style-type: none"> <li>• Hoarseness persists beyond 4-6 weeks</li> <li>• Hoarseness is associated with stridor or laryngeal trauma</li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Pertinent medical records</li> <li>• Imaging studies if any</li> </ul>	<p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Voice evaluation by speech therapist</li> <li>• Fiberoptic laryngoscopy (performed in office)</li> </ul>
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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><b>Diagnosis/symptom for Neck Mass</b></p> <p><b>Lateral Neck Mass</b></p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <p>HISTORY:</p> <ul style="list-style-type: none"> <li>• PPD</li> <li>• Course of antibiotics</li> </ul> <p>PHYSICAL EXAM</p> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> <li>• Chest radiographs</li> </ul>	<p><b>When to initiate referral:</b></p> <ul style="list-style-type: none"> <li>• Suspect               <ul style="list-style-type: none"> <li>• branchial cleft cyst</li> <li>• tumor</li> <li>• non-responsive adenopathy</li> </ul> </li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Pertinent medical records</li> <li>• Imaging studies</li> <li>• Lab results</li> </ul>	<p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Possible imaging</li> <li>• Possible needle biopsy</li> </ul>
<p><b>Midline Neck Mass (possible thyroglossal duct cyst)</b></p>	<p>HISTORY:</p> <ul style="list-style-type: none"> <li>• PPD</li> <li>• Course of antibiotics</li> </ul> <p>PHYSICAL EXAM</p> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> <li>• Imaging by ultrasound</li> </ul>	<ul style="list-style-type: none"> <li>• Discrete midline mass (not adenopathy)</li> </ul>	<ul style="list-style-type: none"> <li>• Pertinent medical records</li> <li>• Imaging studies</li> </ul>	<ul style="list-style-type: none"> <li>• History and physical</li> <li>• Possible imaging studies</li> </ul>

**> Tips for an effective visit:**

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- Provide relevant clinical notes.



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

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<p><b>Diagnosis/symptom for Otitis</b></p> <p><b>Chronic Otitis Media</b></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><b>Referring provider's initial evaluation and management can include:</b></p> <p>HISTORY</p> <p>PHYSICAL EXAM</p> <p>LABS:</p> <ul style="list-style-type: none"> <li>• Culture of ear drainage</li> </ul> <p>Treat chronic otorrhea with topical drops (use steroid containing drops if drainage is bloody) for 2 weeks.</p>	<p><b>When to initiate referral:</b></p> <ul style="list-style-type: none"> <li>• Suspected chronic Otitis Media</li> <li>• Persistently abnormal otoscopic examination</li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Appropriate lab results</li> <li>• Culture of ear drainage for drainage unresponsive to empiric ototopical tx,</li> <li>• HIV for suspected AIDS,</li> <li>• TB skin test for recent immigrant</li> </ul>	<p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Hearing assessment</li> <li>• Temporal bone CT imaging.</li> </ul>
<p><b>Recurrent Otitis Media</b></p>	<p>HISTORY:</p> <ul style="list-style-type: none"> <li>• Number of episodes, dates, and antibiotic treatment.</li> </ul> <p>PHYSICAL EXAM</p>	<ul style="list-style-type: none"> <li>• Five to six documented episodes in one year or three to four months of persistent middle ear effusion with clinical hearing loss</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Pertinent medical records including all prior treatments.</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing assessment</li> </ul>

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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

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

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<p><b>Diagnosis/symptom</b> <b>Rhinorrhea/Congestion</b></p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <p>HISTORY:</p> <ul style="list-style-type: none"> <li>• R/O allergic rhinitis (daytime congestion)</li> <li>• Evaluate for adenoid hypertrophy (nighttime snoring)</li> </ul> <p>PHYSICAL EXAM</p> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> <li>• Consider lateral neck imaging</li> </ul>	<p><b>When to initiate referral:</b></p> <ul style="list-style-type: none"> <li>• Adenoid hypertrophy is demonstrated</li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Imaging studies</li> </ul>	<p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Sometimes further imaging</li> <li>• History and physical</li> </ul>
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<p><b>Diagnosis/symptom</b> <b>Sinusitis</b></p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <p>HISTORY:</p> <ul style="list-style-type: none"> <li>Nasal irrigation with mupirocin ointment in saline (5 grams in 45 ml) 2 squirts each nostril twice a day</li> <li>Nasal steroid spray</li> </ul> <p>PHYSICAL EXAM</p> <p>IMAGING STUDIES:</p> <ul style="list-style-type: none"> <li>CT sinuses (non-contrast coronal) if older than age 6</li> </ul>	<p><b>When to initiate referral:</b></p> <ul style="list-style-type: none"> <li>Imaging shows inflammation of sinuses</li> <li>No improvement with previously listed medical therapy</li> <li>No improvement with allergy management</li> <li>Imaging evidence of polyps or other mass</li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>Sinus images (not just the report)</li> <li>Documentation of previous medical therapy and allergy evaluation</li> </ul>	<p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>History and physical</li> <li>Sometimes further imaging</li> </ul>
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<p><b>Diagnosis/symptom</b> <b>Velopharyngeal Insufficiency</b></p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <p>HISTORY Hypernasal Speech Nasal Regurgitation Speech Pathology Assessment</p> <p>PHYSICAL EXAM</p>	<p><b>When to initiate referral:</b></p> <ul style="list-style-type: none"> <li>• Hypernasal speech</li> <li>• Persistent nasal regurgitation after 1 year of age</li> <li>• Post adenoidectomy VPI if symptoms persist more than 6 months</li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• History</li> <li>• Physical</li> <li>• Speech pathology assessment</li> </ul>	<p><b>Children's workup will likely include:</b></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><b>Diagnosis/symptom</b> <b>Vertigo/Dizziness</b></p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <p>Reliable history</p> <ul style="list-style-type: none"> <li>• Associated symptoms: nausea/vomiting/tinnitus/photophobia/palpitations</li> <li>• Duration of symptoms</li> <li>• Episodic in nature</li> <li>• Exposure to toxic chemicals, drugs</li> <li>• Head injury</li> <li>• Hearing loss</li> <li>• Progression</li> <li>• Severity</li> </ul> <p>Exam</p> <ul style="list-style-type: none"> <li>• 3-position postural BP and pulse</li> </ul> <p>Other tests to consider</p> <ul style="list-style-type: none"> <li>• EKG</li> <li>• serum electrolytes</li> </ul>	<p><b>Initiate referral when:</b></p> <ul style="list-style-type: none"> <li>• Persistent, progressive symptoms with otherwise negative history</li> <li>• Normal postural BP and pulse</li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Documentation of clinical course</li> <li>• Treatment to date</li> <li>• Response to treatment</li> </ul>	<p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• Vestibular testing</li> <li>• Audiogram</li> <li>• Imaging as needed</li> </ul>
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