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**Diagnosis/symptom**  
**Abdominal Pain**

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

**ACUTE ONSET OF SEVERE ABDOMINAL PAIN** to rule out any surgical/medical emergencies should be referred to ED, GI or surgery.

Refer to Gastroenterology or Gynecology when applicable

**CLINICAL HISTORY**

- Evaluation for known causes

**LABS**

- UA
- CBC with differential
- Basic chemistry
- CRP
- ESR

**RADIOLOGIC STUDIES**

- Imaging USG
- CT Scan

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**When to initiate referral:**

Chronic abdominal pain (over 3 months duration) with unclear etiology despite workup

NOTE: may benefit from Acupuncture Services in addition to these consultations

Postoperative pain that persists beyond 4 weeks

**What can referring provider send?**

- A complete list of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken
- List of other therapies including complementary integrative modalities used
- Copies of medical records regarding past evaluation, treatment and functional assessment
- Copies of any imaging films (USG, CT scan, endoscopy), their reports, and relevant laboratory reports
- Prior authorization for a comprehensive Pain Management Clinic visit

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

Initial

- Comprehensive Team Evaluation (Pain MD, Pain Psychologist) that includes multidimensional approach to chronic pain, impairment and disability that will promote adaptive approach and promote coping strategies
- Consideration of complementary integrative medicine modalities +/- cognitive behavioral modalities

Follow-up

- Pharmacotherapy (i.e. anesthetic blocks, tricyclic antidepressants, anti-convulsants) may be indicated in certain cases
- Pain Psychologist; individual, family or group psychotherapy
- Exercise Therapy (e.g. yoga) if pain is exacerbated by decreased fitness and mobility is important
- CIM +/- cognitive behavioral modalities

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**Diagnosis/symptom**

**Abdominal Pain**

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

- TENS and Neurostimulatory Intervention may be warranted
- Coordination of plan with referring provider

**> Urgent referral recommended for:**

Acute onset of severe abdominal pain to rule out any surgical/medical emergencies should be referred to ER, GI or surgery.

**> 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.



**Diagnosis/symptom**

**Acupuncture**

Age: under 21 years old

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

CLINICAL HISTORY: to coincide with specific symptom

PHYSICAL EXAM: to coincide with workup of specific symptom

As treatment is being planned, consider acupuncture which can be used with traditional (Western) therapies and is appropriate for the following symptoms:

- N/V after surgery or chemotherapy
- Pain after surgery
- Dental pain
- Sinusitis, bronchitis, asthma, sore throat, allergies, recurrent chest infection, hiccups
- Abdominal pain, gastritis (upset stomach, ulcers, constipation, diarrhea, hyperacidity, spastic colon, inflammatory bowel disease)
- Headache, neck pain, back pain, facial tics, frozen shoulder
- Neuritis, neuropathy seizure disorder
- Osteoarthritis, stroke rehabilitation
- Sleep disturbance

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**When to initiate referral:**

Child/parent interest and openness to use of integrated medicine with traditional (Western) therapies

**What can referring provider send?**

- List of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken
- List of other therapies including complementary integrative modalities used
- Pertinent medical records regarding past evaluation, treatment and functional assessment
- Radiographic reports
- Relevant laboratory studies
- Reports from any specialists seen
- Prior authorization for an Acupuncturist visit/treatment

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

- One of the acupuncturists meets with the family and reviews the child's history, concern
- The number of treatments needed varies with each child and for each condition
- Longer and more complex problems will need more treatments than short term, less complex problems



**Diagnosis/symptom**

**Acupuncture**

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

- Menstrual pain, myofascial pain, fibromyalgia, urinary and reproductive problems
- Carpal tunnel syndrome
- Mild to moderate depression, anxiety disorder, ADHD

**> 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.



**Diagnosis/symptom**

**Back Pain**

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

Refer to Orthopedics those patients with abnormalities on imaging studies or concerns for mechanical anomalies. NOTE: may benefit from Acupuncture Services

**CLINICAL HISTORY**

- Injury
- Septic Discitis vs. other diagnosis (vertebral osteomyelitis, fractures, tumors, herniated discs, musculoskeletal pain)

**PHYSICAL EXAM**

- Localize vertebral level
- Neurologic deficit
- Other symptoms

**LABS**

- CBC
- CRP
- ESR

**IMAGING STUDIES**

- A/P and lateral x-rays of spine
- MRI if pain is severe or are recommended for patients who have any concern for underlying process or pain radiating to extremities

**When to initiate referral:**

- Chronic back pain in healthy child with normal labs and radiology
- Pain hasn't resolved after initiation of NSAIDS and PT
- Associated with significant functional disability (ADL, school, mood, social/family)
- Interventional procedure/block needed or desired for management of symptoms

**What can referring provider send?**

- List of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken
- List of other therapies including complementary integrative modalities used
- Pertinent medical records regarding past evaluation, treatment and functional assessment
- Imaging reports
- Relevant laboratory studies
- Reports from any specialists seen
- Prior authorization for a comprehensive Pain Management Clinic visit

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

**Initial**

- Comprehensive Team Evaluation (Pain MD, Pain Psychologist, PT/OT) that includes multidimensional approach to chronic pain, impairment and disability that will promote adaptive approach and promote coping strategies
- Consideration of complementary integrative medicine modalities +/- cognitive behavioral modalities

**Follow-up**

- Pain MD, PT/OT and Pain Psychologist follow-up as appropriate
- Exercise Therapy (e.g. yoga) if pain is exacerbated by decreased fitness and mobility is important
- CIM +/- cognitive behavioral modalities
- Coordination of plan with referring provider

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## Diagnosis/symptom

### Back Pain

#### > Urgent referral recommended for:

- Refer all children with severe back pain with neurologic deficit (Urgent), but patients with bowel bladder dysfunction need to be sent to neurosurgery urgently.
- Immediate evaluation if back pain related to herniated disc is suspected.

#### > 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.



**Diagnosis/symptom**

**Chest Pain**

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

**ACUTE EPISODE OF CHEST PAIN** +/- finding on physical exam requires referral to ER (*Urgent*)

Cardiology consultation prior to Pain Clinic referral

Refer to GI or Pulmonology if indicated

**CLINICAL HISTORY**

- Degree of acute distress
- Pain character
- Generalized event of trauma
- Bruising
- Skin infections
- Evidence of multi-system disease
- Level of wellness
- Fever/cough or other symptoms
- Family history of chest pain

**PSYCHOSOCIAL HISTORY**

- Recent loss or death
- Anxiety/fears
- Meaning of chest pain
- Function (e.g. ADL, school, mood, social/family)

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**When to initiate referral:**

- Idiopathic chest pain
- Workup reveals no organic cause
- Minimal response to conventional interventions and/or is associated with functional disability (ADL, school, mood, social/family)
- Chronic or prolonged chest pain over months or years

**What can referring provider send?**

- List of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken
- List of other therapies including complementary integrative modalities used
- Pertinent medical records regarding past evaluation, treatment and functional assessment
- Radiographic reports
- Relevant laboratory studies
- Reports from any specialists seen
- Prior authorization for a comprehensive Pain Management Clinic visit

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

Initial

- Reassurance and concrete explanations to avoid distress and diminish fear/anxiety
- Comprehensive Team Evaluation (Pain MD, Pain Psychologist, PT/OT) that includes multidimensional approach to chronic pain, impairment and disability that will promote adaptive approach and promote coping strategies
- Consideration of complementary integrative medicine +/- complementary cognitive-behavioral modalities

Follow-up

- PT/OT and Pain Psychologist follow-up as appropriate
- Exercise Therapy (e.g. yoga) if pain is exacerbated by decreased fitness and mobility is important
- CIM +/- cognitive behavioral modalities
- Coordination of plan with referring provider



**Diagnosis/symptom**

**Chest Pain**

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

PHYSICAL EXAM

- R/O organic disease and trauma with attention to GI and cardiac exam

DIFFERENTIAL DIAGNOSIS

- **Somatic** – Musculoskeletal (insidious, nagging, sharp, localized, radiating uncommon):
  - Costochondritis
  - Trauma
  - Muscle spasm or overuse
  - Precordial catch
  - Tietze syndrome
  - Slipping rib syndrome
  - Xiphoid cartilage syndrome
  - Herpes zoster
  - Rib fractures
  - Sickle Cell Disease Pain Crisis
  - Cystic Fibrosis
- **Visceral** – Thorax; abdomen (e.g. gastritis, dysmotility)
- **Afferent** - Heart, Aorta, Esophagus, Upper Chest, Lungs (infection, obstruction)

IMAGING STUDIES

- x-rays
- Echocardiogram
- GI causality likely: other w/u may be recommended

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**Diagnosis/symptom**

**Chest Pain**

**> 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.



**Diagnosis/symptom**

**Pain Associated with Disease Process or Side Effects of Treatment**

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

CLINICAL HISTORY

- Exacerbation of pain (acute or chronic) or ongoing chronic pain associated with primary diagnosis:
- Cancer
- Cystic Fibrosis
- ENT
- Hepatic Disease
- HIV/AIDS
- JRA
- Renal Disease
- Neurodevelopmental Disabilities
- Pancreatitis

**When to initiate referral:**

Initiate and expedite referral when sub-specialists or the child's primary community provider requests a consultation to enhance current pain management regimen.

**What can referring provider send?**

- List of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken
- List of other therapies including complementary integrative modalities used
- Pertinent medical records regarding past evaluation, treatment and functional assessment
- Imaging reports
- Relevant laboratory studies
- Reports from any specialists seen
- Prior authorization for a comprehensive Pain Management Clinic visit

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

Initial

- Comprehensive Team Evaluation (Pain MD, Pain Psychologist, PT/OT) that includes multidimensional approach to recurrent and chronic pain
- Consideration of CIM modalities: acupuncture, Reiki, healing touch, therapeutic touch, massage, yoga
- Several complementary cognitive behavioral modalities might be useful: Biofeedback, hypnosis, relaxation and mental imagery and distraction
- Labs and Radiologic studies may be recommended after evaluation by Pain Medicine Team

Follow-up

- Coordination of plan with referring provider
- Pharmacotherapy may be offered if indicated
- Physical Therapy/Occupational Therapy if applicable
- CIM +/- cognitive behavioral modalities

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**Clinic phone: 206-987-1520. 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.**



**Diagnosis/symptom**

**Pain Associated with Disease Process or Side Effects of Treatment**

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

- Ongoing support with established psychosocial team members (SW, Psych)

**> 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.



**Diagnosis/symptom**

**Facial Pain**

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

Refer to Neurology for numbness, tingling or "Novocain-like" feeling in the face to r/o mass/infiltrative lesions.

Refer to Dental Medicine or to Otorhinolaryngologist as needed.

**CLINICAL HISTORY**

- Past history of acute problem (e.g. toothache/dental work)
- Trauma
- Persistent
- Chronic
- Ongoing vague
- Pain character and intensity
- Referral pattern of the pain
- Swelling
- Numbness/tingling
- Other associated symptoms (nasal stuffiness, rhinorrhea, sweating)
- Search for symptoms and signs that are related
- Consider pain from various structures separately (e.g. teeth, eyes, ears, paranasal sinus, TMJ, nasopharynx, oropharynx, and periorbital areas)

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**When to initiate referral:**

- Workup reveals no organic cause or for organic causes – in combination with evaluation by specialty follow-up
- Minimal response to conventional interventions and/or is associated with functional disability (ADL, school, mood, social/family)
- If treatments employed are not or no-longer effective
- Pain doesn't resolve in usual time frame; or symptoms are vague
- Chronic or prolonged pain over months or years
- Pain associated with signs of autonomic dysfunction
- Neuralgias, herpes zoster or cluster headaches

**What can referring provider send?**

- List of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken
- List of other therapies including complementary integrative modalities used
- Pertinent medical records regarding past evaluation, treatment and functional assessment
- Imaging reports
- Relevant laboratory studies
- Reports from any specialists seen
- Prior authorization for a comprehensive Pain Management Clinic visit

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

**Initial**

- Comprehensive Team Evaluation (Pain MD, Pain Psychologist, PT/OT) that includes multidimensional approach to chronic pain, impairment and disability that will promote adaptive approach and promote coping strategies
- Consideration of complementary integrative medicine modalities +/- cognitive behavioral modalities

**Follow-up**

- Pharmacotherapy may be indicated in certain cases
- Physical Therapy/Occupational Therapy
- Pain Psychologist; Individual, family or group psychotherapy
- CIM +/- cognitive behavioral modalities
- Coordination of plan with referring provider



**Diagnosis/symptom**

**Facial Pain**

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

PSYCHOSOCIAL HISTORY:  
meaning of facial pain, function  
(e.g. ADL, school, mood, social/  
family)

PHYSICAL EXAM

- R/O organic disease
- Low threshold to investigate for occult lesions
- Detailed eye exam with acute/ chronic facial pain in orbital/ frontal region

DIFFERENTIAL DIAGNOSIS

- Periapical abscess
- Acute necrotizing ulcerative gingivitis
- Canker sores
- Pericoronitis
- Recurrent aphthous stomatitis
- Sinusitis
- Impacted teeth
- Otitis media and otitis externa
- TMJ
- Salivary gland disease
- Parotitis
- Neoplasms and lesions
- Osteomyelitis
- Neuralgias

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**Diagnosis/symptom**

**Facial Pain**

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

DIFFERENTIAL DIAGNOSIS

*(continued)*

- Herpes zoster
- Cluster headaches
- Infections

IMAGING STUDIES

MRI of brain and base of skull for neuralgias, MRI /imaging of specific anatomical structures based on clinical history/physical

**> 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.



**Diagnosis/symptom**

**Headache**

Age: under 18 years old

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

Refer to Neurology patients whose headaches begin shortly after arising from bed in the morning (i.e. positional headache), or for patients whose headaches are associated with transient neurologic deficits (e.g. hemiparesis, ophthalmoparesis, confusion). Brain imaging studies (MRI) and evaluation by a neurologist are suggested for patients who have chronic recurrent headache (more than 6 months), headache that awakes them in the middle of the night.

**CLINICAL HISTORY**

- Recurrent headache
- Postoperative headache
- Patient or parent written headache calendar indicating the date and time of day of each headache, the duration of each attack, the treatment provided and response, and any causative factors (e.g. foods, activities, stressors) is desirable
- Two months of clinical information charted by the family on the headache calendar is desirable

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**When to initiate referral:**

- Recurrent headache has been present for at least 6 months with no neurological deficits and a normal neurological exam
- Frequent, severe headache hindering functional ability
- May benefit from Acupuncture Services in addition to these consultations

**What can referring provider send?**

- List of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken
- List of other therapies including complementary integrative modalities used
- Pertinent medical records regarding past evaluation, treatment and functional assessment
- Reports of any brain imaging films
- EEG reports
- Relevant laboratory studies
- Reports from any specialists seen
- Prior authorization for a comprehensive Pain Management Clinic visit
- Patient or parent written headache calendar indicating the date and time of day of each headache, the duration of each attack, the treatment provided and response, and any causative factors (e.g. foods, activities, stressors) is desirable

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

**Initial**

- Comprehensive Team Evaluation (Pain MD, Pain Psychologist) that includes multidimensional approach to chronic pain, impairment and disability that will promote adaptive approach and promote coping strategies
- Consideration of complementary integrative medicine modalities +/- cognitive behavioral modalities

**Follow-up**

- Pharmacotherapy (i.e. anesthetic blocks, tricyclic antidepressants, anti-convulsants) may be indicated in certain cases
- Pain Psychologist; Individual, family or group psychotherapy
- Exercise Therapy (e.g. yoga) if pain is exacerbated by decreased fitness and mobility is important
- CIM +/- cognitive behavioral modalities

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<p><b>Diagnosis/symptom</b> <b>Headache</b></p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <p>PHYSICAL EXAM</p> <ul style="list-style-type: none"> <li>• Evaluation of headache</li> <li>• Fundoscopic examination to evaluate for papilledema</li> </ul>		<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Two months of clinical information charted by the family on the headache calendar is desirable</li> </ul>	<p><b>Children's workup will likely include:</b></p> <ul style="list-style-type: none"> <li>• TENS and Neurostimulatory Intervention may be warranted</li> <li>• Coordination of plan with referring provider</li> </ul>
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**> Urgent referral recommended for:**

New severe headache of acute onset headache with a focal neurologic deficit or headache associated with papilledema should be referred to the Emergency Department.

**> 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.



**Diagnosis/symptom**

**Limb Pain**

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

Refer to Orthopedic, Oncology, Rheumatology if indicated. NOTE: may benefit from Acupuncture Services in addition to these consultations.

Fractures may require further evaluation in acute care.

**CLINICAL HISTORY**

- Patient ill or well
- Fever
- Chronic pain lasting more than 6 weeks
- Pain activity related
- Swelling
- Trauma

**PHYSICAL EXAM** – localizing the pain

**DIFFERENTIAL DIAGNOSIS**

- Trauma – sprain/fracture
- Tumor
- Infection/inflammation/rheumatologic
- Osteomyelitis – septic arthritis (any age)
- Specific knee related problems
  - swelling or pain

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**When to initiate referral:**

- If treatments employed are not or no longer effective
- Pain persists
- Function impacted

**What can referring provider send?**

- List of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken
- List of other therapies including complementary integrative modalities used
- Pertinent medical records regarding past evaluation, treatment and functional assessment
- Imaging reports
- Relevant laboratory studies
- Reports from any specialists seen
- Prior authorization for a comprehensive Pain Management Clinic visit

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

**Initial**

- Comprehensive Team Evaluation (Pain MD, Pain Psychologist, PT/OT) that includes multidimensional approach to chronic pain, impairment and disability that will promote adaptive approach and promote coping strategies
- Consideration of complementary integrative medicine modalities +/- cognitive behavioral modalities

**Follow-up**

- Coordination of care with family
- PT/OT and Pain Psychologist follow-up as appropriate
- Exercise Therapy (e.g. yoga) if pain is exacerbated by decreased fitness and mobility is important
- CIM +/- cognitive behavioral modalities
- Coordination of plan with referring provider



**Diagnosis/symptom**

**Limb Pain**

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

DIFFERENTIAL DIAGNOSIS

*(continued)*

- any age with anterior knee pain, especially in child under 12 years old with hip or non-specific leg pain or limp lasting more than 2 days

LABS

- CBC
- CRP
- ESR
- ANA and blood culture

IMAGING STUDIES

Bone scan if labs abnormal and x-rays not diagnostic

**> 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.



**Diagnosis/symptom**  
**Musculoskeletal Pain**

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

Refer to Oncology, Rheumatology if indicated. NOTE: may benefit from Acupuncture Services in addition to these consultations.

Refer to Orthopedics for patients with abnormalities on imaging studies or concerns for mechanical anomalies.

**CLINICAL HISTORY**

- Evaluation for known causes

**PHYSICAL EXAM**

- Neurological exam
- Musculoskeletal review including mobility, leg length, ROM, gait, spinal curvature

**DIFFERENTIAL DIAGNOSIS**  
(Age can influence diagnosis)

- Mechanical/Trauma
- Overuse
- Normal Skeletal Growth Variations
- Idiopathic (growing pains)
- Metabolic
- Infection
- Systemic disease (malignancies, rheumatologic disease)

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**When to initiate referral:**

- Frequent or chronic pain in healthy child with normal labs and imaging studies
- Pain persists
- If treatments employed are not or no longer effective
- Associated with functional disability

**What can referring provider send?**

- List of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken
- List of other therapies including complementary integrative modalities used
- Pertinent medical records regarding past evaluation, treatment and functional assessment
- Imaging reports
- Relevant laboratory studies
- Reports from any specialists seen
- Prior authorization for a comprehensive Pain Management Clinic visit

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

Initial

- Comprehensive Team Evaluation (Pain MD, Pain Psychologist, PT/OT) that includes multidimensional approach to chronic pain, impairment and disability that will promote adaptive approach and promote coping strategies
- Consideration of complementary integrative medicine modalities +/- cognitive behavioral modalities

Follow-up

- PT/OT and Pain Psychologist follow-up as appropriate
- Exercise Therapy (e.g. yoga) if pain is exacerbated by decreased fitness and mobility is important
- CIM +/- cognitive behavioral modalities
- Coordination of plan with referring provider



**Diagnosis/symptom**  
**Musculoskeletal Pain**

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

DIFFERENTIAL DIAGNOSIS

*(continued)*

- Inflammatory
- CP syndrome

LABS

- CBC
- CRP
- ESR

IMAGING STUDIES

- X-rays
- MRI

**> 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.



**Diagnosis/symptom**  
**Neuropathic Pain**

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

Refer to Orthopedics: abnormalities on imaging studies or concerns for mechanical anomalies or occult fracture.

Refer to Rheumatology: joint swelling, rashes, or other concern for rheumatic disease.

Refer to Adolescent Medicine Clinic: CRPS Type 1 (RND over age 12 years) or Fibromyalgia with interest in an intensive exercise program.

**CLINICAL HISTORY**

- History of injury, dysfunction or altered excitability of the peripheral and CNS
- Presence of allodynia (intense pain following normally innocuous stimuli)
- Descriptors of “burning,” “pins and needles,” “lancinating” or “strange”
- Hyperesthesia
- Autonomic dysfunction
- Motor weakness

**PSYCHOSOCIAL HISTORY**  
Identify specific stressors

**PHYSICAL EXAM**

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**When to initiate referral:**

- Pain persists independent of ongoing tissue injury or inflammation
- CRPS Type 1 (age under 18 years)
- CRPS Type II (age under 18 years)
- Pain is present for at least 3 weeks or may have intensified over a period of weeks, months or years
- If treatments employed are not or no longer effective
- Minimal response to conventional interventions
- Associated with functional disability
- Interventional procedures or blocks indicated or desired for management of symptoms

**What can referring provider send?**

- List of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken
- List of other therapies including complementary integrative modalities used
- Pertinent medical records regarding past evaluation, treatment and functional assessment
- Imaging reports
- Relevant laboratory studies
- Reports from any specialists seen
- Prior authorization for a comprehensive Pain Management Clinic visit

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

**Initial**

- Comprehensive Team Evaluation (Pain MD, Pain Psychologist, PT/OT) that includes multidimensional approach to chronic pain, impairment and disability that will promote adaptive approach and promote coping strategies
- Consideration of complementary integrative medicine modalities +/- cognitive behavioral modalities

**Follow-up**

- Pharmacotherapy (i.e. anesthetic blocks, tricyclic antidepressants, anti-convulsants) may be indicated in certain cases
- Physical Therapy/Occupational Therapy
- Pain Psychologist; Individual, family or group psychotherapy
- Exercise Therapy (e.g. yoga) if pain is exacerbated by decreased fitness and mobility is important
- CIM +/- cognitive behavioral modalities

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**Diagnosis/symptom**

**Neuropathic Pain**

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

DIFFERENTIAL DIAGNOSIS

- Raynaud's disease
- Septic arthritis
- JRA
- Gout
- Neurological or neurovascular entrapment syndrome
- Scleroderma
- Bursitis
- Periarthritis
- Metabolic or toxic neuropathies
- Neurogenerative disorders
- Malignancy
- Amputation
- Post surgical nerve injury
- Extremity trauma
- Pain after CNS injury
- Complex Regional Pain Syndrome:
  - Type 1 (CRPS1) – continuous burning pain associated with sympathetic hyperactivity in a portion of an extremity after trauma *without major nerve injury*

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

- TENS and Neurostimulatory Intervention may be warranted
- Coordination of plan with referring provider

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**Diagnosis/symptom**  
**Neuropathic Pain**

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

- Type II (CRPS II) – sustaining burning pain combined with vasomotor, sudomotor, and late trophic changes *after traumatic nerve injury*

**IMAGING STUDIES**

Concern for underlying fracture, bone or muscle abnormality

- X-rays
- MRI

**> 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><b>Diagnosis/symptom</b> <b>Opioid Dependence</b></p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <p>Referral to subspecialties or inpatient admission.</p> <p>Resources: Multidisciplinary Pain Center UWMC 206-598-4282 University of Washington Medical Center 1st Floor 1959 NE Pacific Street Seattle, WA 98195</p> <p><a href="http://uwmedicine.washington.edu/PatientCare/MedicalSpecialties/SpecialtyCare/UWMEDICALCENTER/MPC/index.htm">http://uwmedicine.washington.edu/PatientCare/MedicalSpecialties/SpecialtyCare/UWMEDICALCENTER/MPC/index.htm</a></p> <p>American Pain Society <a href="http://www.ampainsoc.org/">http://www.ampainsoc.org/</a></p> <p>International Association for the Study of Pain <a href="http://www.iasp-pain.org">www.iasp-pain.org</a></p>	<p><b>When to initiate referral:</b></p> <p>Limited to assistance from sub-specialists or inpatient providers</p>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• List of all medications used for treatment (current and past), along with a list of other medications, supplements or herbs taken</li> <li>• List of other therapies including complementary integrative modalities used</li> <li>• Pertinent medical records regarding past evaluation, treatment and functional assessment</li> <li>• Relevant laboratory studies</li> <li>• Reports from any specialists seen</li> <li>• Prior authorization for a comprehensive Pain Management Clinic visit</li> </ul>	<p><b>Children's workup will likely include:</b></p> <p>Initial</p> <ul style="list-style-type: none"> <li>• Comprehensive Team Evaluation (Pain MD, Pain Psychologist) that includes multidimensional approach to chronic pain, impairment and disability that will promote adaptive approach and promote coping strategies</li> <li>• Consideration of complementary integrative medicine modalities +/- cognitive behavioral modalities</li> <li>• Thorough review of pharmacologic regimen and consideration of weaning protocol</li> <li>• Opioid Agreement with family may be initiated</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.
- Provide relevant clinical notes.

**Clinic phone: 206-987-1520. 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.**

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