

*Diagnosis/symptom*

**Asthma,  
Recurrent Cough or  
Wheeze**

*Initial work-up*

- Chest Film

*Referral when*

- Has been hospitalized, intubated/ ICU admission, frequent ER visits
- Frequent need for oral steroid bursts
- Less than 2 years old
- Unresponsive to usual therapy with increasing medication use
- Complicating conditions such as rhinitis, sinusitis, GER, pneumonia
- Needs frequent monitoring with spirometry or abnormal spirometry
- History of chronic lung disease, prematurity, S/P RSV

*Data needed*

Referral letter to include:

- > chief concern
- > summary of previous treatments and response
- > respiratory history since birth
- All lab results
- All chest films
- If sweat chloride was obtained, must be from CF Center accredited lab

*Diagnosis/symptom*

**Bronchopulmonary Dysplasia, Chronic Lung Disease**

*Initial work-up*

- Chest film
- Oxygen saturations

*Referral when*

- Unstable respiratory status or is slow to improve
- Oxygen requirement
- Difficulty growing or feeding problems/G-tube feedings
- Rehospitalization after discharge
- Inability to wean medications and/or oxygen

*Data needed*

- Referral letter to include summary of:
- > Pre and post natal hospitalization (including SaO<sub>2</sub>, echocardiograms, growth and development evaluations, ophthalmology evaluations, OT/PT evaluations, all lab results obtained after discharge from hospital)
  - Chest films
  - Current treatments and response
  - Current oxygen requirements

**Chronic Cough, Recurrent Pneumonia, Noisy Breathing, Chest Pain, Tachypnea**

*Initial work-up*

- Chest Film
- If ruling out CF, sweat chloride obtained from a CF Center accredited laboratory

*Referral when*

- Recurrent illnesses despite treatment
- Increasing respiratory symptoms
- Symptoms that interfere with daily activities
- Respiratory symptoms/infections and problems with growth and/or development

*Data needed*

- Summary referral letter to include:
- > Brief pre/post natal history, respiratory history and growth history
  - List of treatments and response
  - Current treatments
  - Sweat chloride obtained at CF Center accredited laboratory

<i>Diagnosis/symptom</i>	<i>Initial work-up</i>	<i>Referral when</i>	<i>Data needed</i>
<b>Cystic Fibrosis</b> <i>(Child's seen in Cystic Fibrosis Clinic)</i>	<ul style="list-style-type: none"> <li>Sweat chloride (obtained at CF Center accredited laboratory)</li> <li>Genotyping</li> <li>Chest films</li> </ul>	<ul style="list-style-type: none"> <li>Sweat chloride is positive</li> </ul>	Brief summary letter with pre/post natal history <ul style="list-style-type: none"> <li>Sweat chloride results</li> <li>Genotyping results if done</li> </ul>

<i>Diagnosis/symptom</i>	<i>Initial work-up</i>	<i>Referral when</i>	<i>Data needed</i>
<b>Sleep Apnea/ Sleep Disorders</b> <i>(i.e. Insomnia, Parasomnia, OSA)</i>	<ul style="list-style-type: none"> <li>None</li> </ul>	Any symptom of sleep difficulties <ul style="list-style-type: none"> <li>&gt; including sleep disordered breathing</li> <li>&gt; daytime or nighttime symptoms</li> <li>&gt; growth delay</li> <li>&gt; enuresis</li> </ul> <ul style="list-style-type: none"> <li>Any age</li> </ul>	Referral letter to include <ul style="list-style-type: none"> <li>&gt; Chief complaint</li> <li>&gt; pertinent history and physical- include growth grid</li> <li>&gt; treatments pursued and responses</li> </ul> <ul style="list-style-type: none"> <li>Any lab results</li> <li>Prior ENT evaluations or other sleep evals/ sleep studies</li> </ul>

**Clinic phone: (206) 987-2174**

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**To request a consult or referral, please call the Clinical Intake Nurses at (206) 987-2080, or fax a New Appointment Request Form to (206) 985-3121.**

**To speak with a 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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