

PEDIATRIC PULMONOLOGY CONSULT AND REFERRAL GUIDELINES

DIAGNOSIS	EVALUATION PRIOR TO REFERRAL	WHEN TO REFER	WHAT TO SEND	COMMENTS
ASTHMA, RECURRENT COUGH AND WHEEZE	Chest x-ray	<ul style="list-style-type: none"> •Following hospitalization, especially in ICU •Frequent ER visits •Complicating conditions such as failure to thrive, prematurity, BPD, pneumonia •Frequent need for oral steroids •Unresponsive to conventional therapy •Requiring treatment consistent with Step 3 of NHLBI Guidelines 	<ul style="list-style-type: none"> •Chief concern •List of treatments and response •Respiratory history since birth •Chest x-rays 	Work up may include: <ul style="list-style-type: none"> •Spirometry in children aged 5 years or older •Chest x-ray •Laboratory work-up (serum IgE, RAST testing, etc.)
BRONCHOPULMONARY DYSPLASIA, CHRONIC LUNG DISEASE	Chest x-ray Oxygen saturation	<ul style="list-style-type: none"> •Supplemental oxygen requirement •Unstable respiratory status •Poor growth or g-tube feedings •Rehospitalization after discharge from NICU •Unable to wean oxygen or other medications, i.e. diuretics •Complicating conditions, i.e. tracheostomy or pulmonary hypertension •Needs RSV prophylaxis 	<ul style="list-style-type: none"> -Chief concern -NICU discharge summary -Current oxygen requirement -List of medications -Growth chart -Chest x-rays 	Work up may include: <ul style="list-style-type: none"> -Chest x-ray -Serum electrolytes, blood gas
SLEEP APNEA/SLEEP BREATHING DISORDER	Sleep study Trial of nasal steroids	Symptoms of sleep disordered breathing: <ul style="list-style-type: none"> - snoring with observed apnea - daytime somnolence - growth delay Abnormal result on sleep study	Chief concern Results of sleep studies, if done Prior ENT evaluations, if done List of treatments and response	Pulmonary function testing Sleep study Echocardiogram Blood gas analysis Referral to ENT

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CYSTIC FIBROSIS	Chest x-ray Sweat chloride (at CF Center accredited laboratory)	<ul style="list-style-type: none"> • Positive newborn screening • Positive sweat testing • Symptoms of cough, wheeze, malabsorption, or failure to thrive with a family history of CF 	<ul style="list-style-type: none"> • Sweat chloride results • Genotyping results, if done • Chest x-rays • Growth curve 	Workup may include: <ul style="list-style-type: none"> • Pulmonary function testing in children aged 5 years or older • Repeat sweat testing • DNA analysis • Laboratory tests, including vitamin levels, LFT's, electrolytes • Sputum culture/throat culture • Chest x-ray
CHRONIC COUGH, RECURRENT PNEUMONIA, NOISY BREATHING, CHEST PAIN, TACHYPNEA	Chest x-rays Sweat test if ruling out cystic fibrosis Laboratory studies, e.g. CBC, electrolytes, etc	Abnormal growth or development Recurrent illness despite treatment Increasing respiratory symptoms Interference with daily activities or excessive school absenteeism	Chest x-rays Respiratory history List of treatments and response Laboratory results	<ul style="list-style-type: none"> • Workup may include: <ul style="list-style-type: none"> o Pulmonary function testing in children aged 5 years or older o Chest x-ray o Sweat testing o Laboratory testing (for evidence of infection, allergy, immune deficiency, collagen vascular disease, etc) o Bronchoscopy

Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Please send all pertinent information ahead of time to allow us to better serve our patients and their families.

For more information call (803) 434-7950

