Draft for ADHD algorithm

1. Parent, Teacher and/or Provider express concern that child has ADHD.
2. If symptoms are extreme, complicated by co-morbidities or child less than 5, refer to CBH or other child mental health agency.
3. If symptoms and history are c/w straightforward ADHD—provide parent with Vanderbilt forms for parent and teacher to complete.
4. Parents should mail or drop off the Vanderbilts to you as soon as possible. (You may want to supply them with a self addressed envelope for this purpose).
5. Arrange a f/u visit for 1-3m.(If a resident is provider, and no slots available, try to schedule with colleague on same clinic day.)
6. At f/u visit: if Vanderbilts suggestive of some form of ADHD, offer trial of a low dose of an Extended Release stimulant—Concerta or Adderall XR eg.(See Addendum for list of possible choices with dosing recommendations, based on insurance coverage).
7. Provide parent with HO on ADHD(from GenPeds) and review other options including therapy if parent is uncomfortable with medical tx. Can also offer Cap4Kids ADHD resources.
8. If FH of sudden death or cardiac disease at a young age or if patient with hx of chest pain, syncope or palpitations, order screening EKG prior to start of med.
9. Recommend that parent request IEP (or 504 plan if no associated learning issues) with school. See link for these on Gen Peds.

 10. F/u visit in 1m:

--If med is effective, continue at initial dose and arrange q 3m visits to check weight and assess ongoing efficacy/side effects. May provide 2 additional post dated prescriptions to cover the interval between visits.

--Consider monthly calls between Clinic visits, using Next Gen inbox for follow up.

--If **not** effective, increase dose and continue monthly visits until therapeutic dose achieved. May also consider referral to mental health agency at any time.

-- If no openings in your schedule, send to GPC but be sure to advise Attending and track adherence.

--Extend visits to q 3m once effective dose identified, if not referred to a psychiatrist.

--May consider a f/u Vanderbilt as an “objective” means to verify progress.

--Important to always document all phone calls, planned f/u visits and med changes in Next Gen

10. If max dose not helpful, consider changing to alternate stimulant and refer to CBH(or our own psychiatrist when she is here!).

11. Involve SW or parenting specialist at any point in the process as needed.