

# Children’s Wisconsin

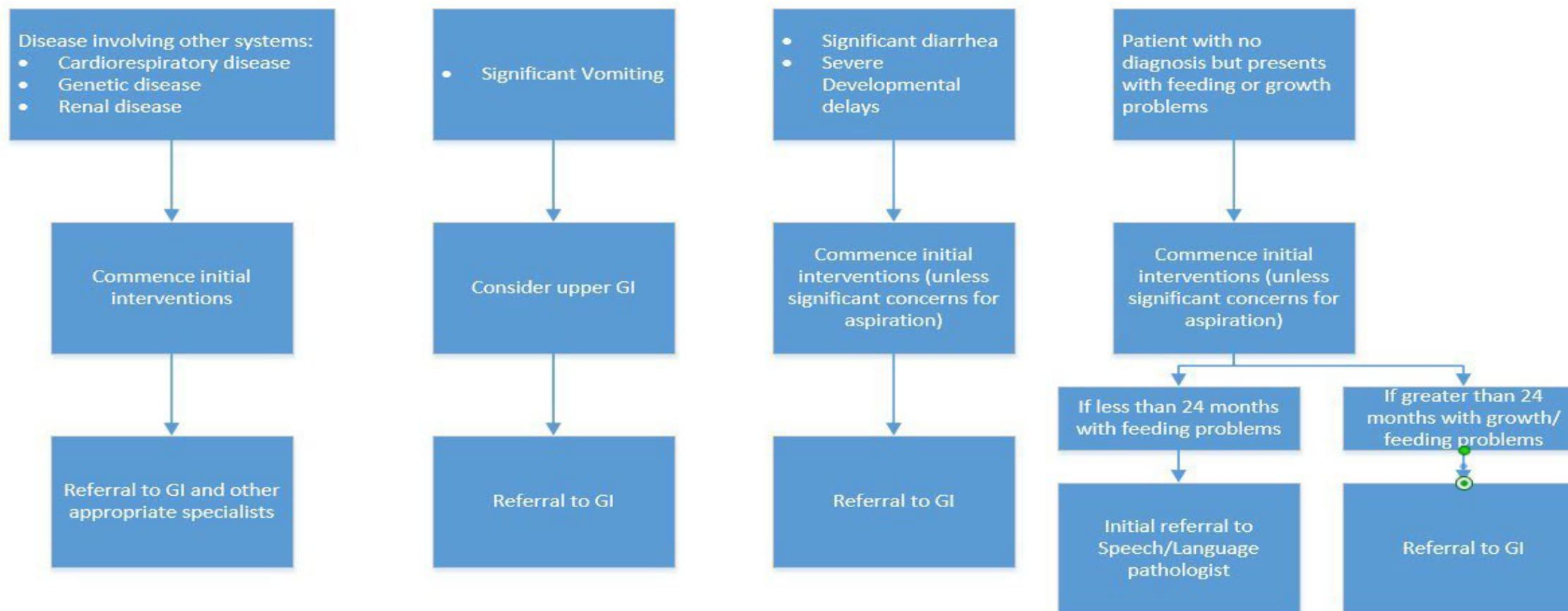
## Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Failure to Thrive				
Diagnosis/symptom	Referring provider’s initial evaluation and management:	When to initiate referral/ consider refer to GI Clinic:	What can referring provider send to GI Clinic?	Specialist’s workup will likely include:
<ul style="list-style-type: none"><li>Weight-for-length (or BMI) &lt; 3rd percentile (CDC growth chart) or 2<sup>nd</sup> percentile (WHO growth chart)</li><li>Poor or no weight gain<ul style="list-style-type: none"><li>Over a period of time that varies according to the age of the child. In general, the younger the child, the shorter the interval where there is little or no weight gain</li></ul></li><li>These should be done along with:<ul style="list-style-type: none"><li>Assessment of parental size / growth</li><li>Correction for prematurity (where applicable)</li></ul></li></ul>	<p><b>Diagnosis:</b> <b><u>Initial interventions in a child with failure to thrive</u></b> Establish Mealtime Routine</p> <ul style="list-style-type: none"><li>Add calories</li><li>Meals and snacks offered every 3 hourly</li><li>All meals and snacks should be offered in a high chair/at the table</li><li>Minimize distractions</li><li>Avoid force feeding</li><li>Grazing in between meal and snack times should be eliminated</li><li>NO JUICE</li><li>Limit meals to 30 minutes</li></ul> <p><b>Most children with FTT do not need labs:</b> Labs are needed if:</p> <ul style="list-style-type: none"><li>Significant FTT, FTT not due to inadequate calorie</li></ul>	<ul style="list-style-type: none"><li>↓ weight, ↓ height -Malnutrition</li><li>Normal weight, ↓ height - Endocrine</li><li>Normal weight, ↓ height, dysmorphism - Genetics/Endocrine</li></ul> <p>SGA patients without catch-up growth can be referred to endocrine clinic for possible growth <u>hormone treatment</u></p>	<p><b>Internal Provider using Epic:</b></p> <ul style="list-style-type: none"><li>Place Ambulatory Referral to Gastroenterology</li></ul> <p><b>External Provider using EPIC:</b></p> <ul style="list-style-type: none"><li>Please complete the external referral order to GI Clinic</li><li>Fax to Central Scheduling (414) 607-5280</li></ul> <p><b>In order to help triage our patients and maximize the visit</b> It would also be helpful to include:</p> <ul style="list-style-type: none"><li>Urgency of the referral</li><li>What is the patient's chief complaint</li><li>All Growth Charts</li><li>Pertinent past medical history</li><li>Abnormal lab or imaging findings</li><li>What is the key question you want addressed</li></ul>	<p><b>After referral to GI Clinic:</b> <b><u>Labs</u></b> <b>Most children with FTT do not need labs</b> Labs</p> <ul style="list-style-type: none"><li>Significant FTT</li><li>FTT not due to inadequate calorie intake</li></ul> <p>Common labs</p> <ul style="list-style-type: none"><li>CBC, ESR</li><li>Metabolic panel, electrolytes</li><li>Anti-TTG IgA, serum IgA level</li><li>Fecal calprotectin and fecal elastase</li><li>Urinalysis</li></ul>



	intake Common labs: <ul style="list-style-type: none"><li>CBC, ESR</li><li>Metabolic panel</li><li>Anti-TTG IgA, serum IgA level</li></ul> If less than 2 years old: DPG			
<b><u>Causes</u></b> Most commonly is due to inadequate calorie intake; Other causes: malabsorption, etc account for <5% of FTT cases				
<b><u>References</u></b> <u>Guide to high-calorie beverages</u> <u>Resources for increasing calories:</u> <ul style="list-style-type: none"><li><u>Provider resources</u><ul style="list-style-type: none"><li><a href="https://childrenswi.org/nutritionhandbook">https://childrenswi.org/nutritionhandbook</a><ul style="list-style-type: none"><li><u>Indications for use of pediatric formulas and oral supplements</u></li><li><u>Recipes for fortifying breast milk</u></li><li><u>Infant and pediatric powder formula recipes</u></li><li><u>Weight velocity charts</u></li></ul></li></ul></li><li><u>Patient resources</u><ul style="list-style-type: none"><li><a href="https://childrenswi.org/publications/teaching-sheets">https://childrenswi.org/publications/teaching-sheets</a></li><li><u>High Calorie Drinks</u></li><li><u>High Calorie Diet</u></li><li><u>ABCs of Boosting Calories</u></li><li><u>High Calorie Infant Diet</u></li></ul></li></ul>				



\*Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

#### Medical Disclaimer

Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc. nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information. Readers are encouraged to confirm the information contained in this work with other sources.