

Children's National Pain Medicine Referral Guidelines

Diagnosis/Symptom	Initial Work-Up	Referral When	Data Needed
Back pain (acute/chronic)	<ul style="list-style-type: none"> · Traumatic: CT scan. · Non traumatic: CT , MRI, EMG, CBC, ESR, CRP, ANA. · DDX: fx, neuralgias, spinal stenosis, spondylolisthesis, Infectious, Inflammatory, Diabetic neuropathy, Neoplastic, Osteoporosis or metabolic bone DO. 	Disease pathology treated and optimized with no pain improvement. Pain unmanageable with standard treatment, pain unrelated to disease process of the neck that is not improving.	H&P detailed, psychotherapy notes if H&P detailed, psychotherapy notes if available. Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx.
Cancer pain	Treat disease process optimally and make a differential for pain from: <ul style="list-style-type: none"> · CA therapy · Operative insult · Chemotherapy · Radiation 	Refer early for multidisciplinary approach: Pain therapies not effective, pain disproportionate to disease process, pain unmanageable, or side effects of medications less desirable than "enduring pain."	Availability of all prior testing for review. Age, Med Hx, therapies attempted (Meds or PT, OT etc.), surgical procedures, and family and social hx if available.
Cervical radiculopathies	Per neurosurgery and orthopedics, CT, MRI, Bone scan, EMG, possible NCV.	Disease pathology treated and optimized with no pain improvement. Pain unmanageable with standard treatment, pain unrelated to disease process of the neck that is not improving.	H&P detailed, psychotherapy notes if available. Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx.
Central pain syndrome: <ul style="list-style-type: none"> • Spinal cord lesions • TU or trauma • Brain lesions (TU or CVA; continuous or intermittent pain, burning, shooting, can be allodynic hyperpathia) 	Thorough neurological evaluation (spinal cord or brain lesion).	Rehab and therapy optimized and pain continues without improvement with standard therapies or is disproportionate to optimized disease process or pain unmanageable.	All testing, rehabilitation notes, psychotherapy notes, and detailed H&P. Psychotherapy notes.
Chronic abdominal pain	As per primary care pediatrician and recommendations of gastroenterology.	All testing negative for bowel disease pathology, or disease managed optimally with continued disproportionate pain, or pain unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried, surgical procedures, and family and social hx if available, psychological work up if available.
Chronic neck pain	Plain radiography, MRI if systemic symptoms (infectious process). Neurologic changes: CT, MRI, EMG. Surgical work up necessary if surgical lesion with progressive motor/sensory loss.	Disease pathology treated and optimized with no pain improvement. Pain unmanageable with standard treatment, pain unrelated to disease process of the neck that is not improving.	H&P detailed, psychotherapy notes if available. Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx.

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Complex regional pain syndromes (CRPS)	Extensive work-up has been completed to rule out pathology causing pain, and pain is the pathology. DDx: Evaluation for RA inflammatory disease, bone tumors, leukemias, and joint or bone infection, osteoporosis, possibly CT. Diabetic neuropathy, nerve entrapment, Raynauds, acrocyanosis, and neuropathic processes where the disease needs treatment concurrent to pain tx and/or prior to referral.	Patient having pain either disproportionate to disease process, or pain not abating with healing process. A cold or blue extremity that is not related to vascular occlusive process.	Extensive H&P including family hx, social hx, school history, and any hypermobility. Include any tests completed (MRI, etc.), blood work completed, etc. List of therapies and medications attempted. Psychotherapy notes.
CRPS II with known nerve damage	See CRPS I or RND.	See RND.	See RND.
Complex reoccurring pancreatitis	Treat acute pancreatic events, and then refer for pain as stated.	Patient having pain either disproportionate to disease process, or pain not abating with healing process.	All radiographs, CT and US, ERCP, labs and endoscopies results along with detailed H&P. List of therapies and medications attempted. Psychotherapy notes.
Diabetic neuropathy	Test and control diabetes, see CRPS treatment.	Follow CRPS referral strategies.	Follow CRPS referral strategies.
Discogenic pain	As per orthopaedic/neurosurgery, orthopaedics MRI/CT.	Pain continues without improvement with standard therapies or is disproportionate to optimized disease process or pain unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx if available.
Groin pain	Thorough urogenital, gynecological, musculoskeletal and neuralgic workup to R/infection, hip disease, sports injuries, neuropathic disease, and malignancy. Consider: MRI, CT, ultrasound, herniography.	Patient having pain either disproportionate to disease process, or pain not abating with healing process. Pain not associated with disease process or event.	All test results obtained, and if available thorough H&P with social hx, family hx, medications and therapies attempted. Any psychological therapies and associated notes.

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Headache (general and vascular origin)	Neurologic and mental status examination, CT if PE is concerning serious etiology, LP if no blood or mass, i.e., suspected meningitis. MRI for chronic headaches. Work-up for migraine headaches, preventative measure taken, treated. Consider CRP, ESR if arteritis suspected (rare in children).	Headaches not improving with conventional pain therapies, no disease process and continuing headaches, pain unmanageable, pain disproportionate to disease process.	H&P detailed, psychotherapy notes if available. Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx.
Herpes zoster	Immediate therapy antivirals within 72 hours.	Pain continues or worsens after disease process and oral pain meds fail. Pain worsens, or disproportionate to disease process, or pain unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried, surgical procedures, and family and social hx if available, psychological work up if available.
HIV and AIDS (Similar to cancer pain: neuropathies, headache, oral and pharyngeal pain, Karposi Sarcoma pain, abdominal pain, chest pain, arthralgias and skin conditions with pain)	<ul style="list-style-type: none"> Primary differential: infectious processes ruled out that are causing pain and treated. As per ID, primary service. Secondary differential: Pain related to HIV therapies, or related to HIV/AIDS disease. 	Early referral when pain not responding to therapy, or pain disproportionate to disease process, or pain medication side effects less desirable than "withstanding pain."	All radiographs, CT and US, labs, medical testing and ID notes and a list of attempted therapies and medications. Psychotherapy notes if available.
Lower extremity pain	Radiographic eval; eval for RA inflammatory disease, bone tumors, leukemias, and joint or bone infection above.	Testing for disease pathology negative and pain continues without improvement with standard therapies. Or pain is disproportionate to disease process or unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried, surgical procedures, and family and social hx if available, psychological work up if available.
Musculoskeletal/total body pain/ spasms/ amplified musculoskeletal pain	Evaluation for RA inflammatory disease, bone tumors, leukemias, and joint or bone infection, osteoporosis, possibly CT.	Testing for disease pathology negative and pain continues without improvement with standard therapies. Or pain is disproportionate to optimized disease process or unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx, psychotherapy hx, sleep study if available.

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Musculoskeletal pain with sleep disturbance, morning stiffness (sometimes called fibromyalgia)	Palpate for muscle nodules or taut bands, if none and referred pain, consider EMG to rule out focal muscle spasms.	Home stretching program PT and conditioning fail, pain not improving to spite optimized therapies, consider short term muscle relaxants, and therapy failing or unable to wean this medication (2-3 weeks).	H&P including family Hx, school hx, and social hx, sports history, and joint mobility if possible. Any work-up done to rule out other pathology, and prior referrals to other physicians for this pain, i.e., ortho, PT, OT, rehab. List of therapies and medications attempted. Psychotherapy notes.
Neuropathic pain following primary lesion or dysfunction of the peripheral or central NS	Neurological work-up (EMG, NCV), Radiographic eval. MRI/CT, eval for RA inflammatory disease, vascular disease RO.	Testing for disease pathology negative and pain continues without improvement with standard therapies or is disproportionate to optimized disease process or pain unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx. Psychotherapy notes.
Orofacial pain	Neurologic and mental status examination, CT if PE is concerning serious etiology, Consider dental exam with panoramic radiograph. Ddx: trigeminal N., neoplasm, odontogenic, cranial nerve neuralgia, CRPS, myofacial, infections.	Pain not managed with optimal disease rule out, dental care, TMJ care. Or pain is disproportionate to disease process or not manageable with standard pain therapies.	H&P detailed, psychotherapy notes if available, Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx.
Osteoarthritis/ avascular necrosis	Initially per orthopaedics and primary oncology or rheumatology service. Radiographic evaluation.	Pain continues without improvement with standard therapies or is disproportionate to optimized disease process or pain unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx, and psychotherapy notes if available.
Pelvic pain	Thorough urogenital, gynecological, musculoskeletal and neuralgic work-up. A thorough psychosocial hx is important to rule out abuse. Consider US, MRI, CT.	Patient having pain either disproportionate to disease process, or pain not abating with healing process. Pain not associated with disease process or event.	All test results obtained, and if available thorough H&P with social hx, family hx, medications and therapies attempted. Any psychological therapies and associated notes.

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Phantom limb pain (Pain not limited to a stump but pain in the amputated body part) or stump pain	If amputation imminent, contact and coordinate with acute pain for regional blockade. If traumatic amputation, contact acute pain for post blockade to inhibit pain and preempt development of PLP or chronic pain.	Stump evaluated for bone spurs and potential medical and surgical pathology. Phantom limb pain continues after initial presentation, or worsens disproportionate to the stage of healing, and/or is not limited to stump.	H&P detailed, psychotherapy notes, Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx.
Post herpetic neuralgia	Treat aggressively with antivirals at disease outset. At first pain, treat with Lyrica or Gabapentin. Local anesthetic creams or patches.	Pain not improving with healing vesicular lesions or pain more than 6 weeks after rash.	H&P, family history desired psychotherapy notes, if available.
Post traumatic neck pain	Traumatic: imaging and treat trauma; Neurological signs: diagnostic investigate and treat PE, history indicative of systemic illness, infection or neoplasm: diagnostic investigations and treat.	Disease pathology treated and optimized with no pain improvement. Pain unmanageable with standard treatment, pain unrelated to disease process of the neck that is not improving.	H&P detailed, psychotherapy notes if available, Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx.
Reflex neurovascular dystrophy or CRPS type I in childhood (burning, hypersensitivity)	All bone and limb pathology ruled out. Eval for RA inflammatory disease, bone tumors, leukemias, and joint or bone infection, osteoporosis, possibly CT, vascular disease ruled out.	No disease pathology and pain that is disproportionate to affect and known pathology or pain unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and Family and Social hx, sleep history and study if available.
Rheumatoid disease	As per Rheumatology.	Pain continues without improvement with standard therapies or is disproportionate to optimized disease process or pain unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx if available.
Shoulder pain	As per orthopedics: H&P, plain film, MRI, Ultrasound.	Testing for disease pathology negative and pain continues without improvement with standard therapies or is disproportionate to disease process, or pain unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried, surgical procedures, and family and social hx if available, psychological work up if available.
Sickle cell disease pain	As per Hematology.	Pain continues without improvement with standard therapies or is disproportionate to optimized disease process. Disease worsening and pain unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx if available.

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Suspected fibromyalgia	See musculoskeletal pain.	See musculoskeletal pain.	See musculoskeletal pain.
Spinal cord injury pain	Thorough neurological evaluation; detailed H&P.	Rehab and therapy optimized and pain continues without improvement with standard therapies or is disproportionate to optimized disease process or pain unmanageable.	All testing, rehabilitation notes, psychotherapy notes, and thorough and detailed H&P.
Temporomandibular pain	Consider dental exam with panoramic radiograph. Neurologic and mental status examination, CT if PE is concerning serious etiology.	Pain not managed with optimal dental care, TMJ care, or pain disproportionate to disease process or pain not manageable with standard pain therapies.	H&P detailed, psychotherapy notes if available. Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx.
Thoracic pain	Cardiac evaluation EKG, echo, Radiographic evaluation, evaluation for RA and inflammatory disease, bone tumors, leukemias, and joint or bone infection.	Testing for disease pathology negative and pain continues without improvement with standard therapies. Or pain is disproportionate to optimized disease process or unmanageable.	Cardiac evaluation, availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx, psychotherapy hx if available.
Trigeminal pain/neuralgia	Neurologic and mental status examination, CT if PE is concerning serious etiology, infectious LP if no blood or mass. Consider ANA, R/O herpes, dental, and TMJ pathology R/O.	Pain not improving and any disease process treated and optimized.	H&P detailed, psychotherapy notes if available, Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx.
Upper extremity pain	Radiographic eval, eval for RA inflammatory disease, bone tumors, leukemias, and joint or bone infection.	Testing for disease pathology negative and pain continues without improvement with standard therapies. Or pain is disproportionate to disease process or pain unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried, surgical procedures, and family and social hx if available, psychological work up if available.
Vertebral pain	Radiographic evaluation, evaluation for RA inflammatory disease, bone tumors, leukemias, and joint or bone infection, osteoporosis.	Testing for disease pathology negative and pain continues without improvement with standard therapies. Or pain is disproportionate to optimized disease process or unmanageable.	Availability of all prior testing for review. Age, Med Hx, therapies tried (Meds or PT, OT, etc.), surgical procedures, and family and social hx, psychotherapy hx if available.