Down Syndrome Healthcare Guidelines (2011 Revision) Record Sheet*

| | Birth | 6 mo | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
|---------------------------------------------|-----------------------------------------------------------------------|------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------|----------------|----------|----------|----------|-----------|-----------|----------|------------|------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------|----------|-----------|----------|-----------|----------|--|
| Genetic Counseling ¹ , | | | | | | | | | | | | | | | | | | | | | | | |
| Karyotype | | | | | | | | | | | | | | | | | | | | | | | |
| Parent Group Info and | | | | | | | | | | | | | | | | | | | | | | | |
| Support | | | | | | | | | | | | | | | | | | | | | | <u> </u> | |
| CBC to R/O transient | | | | | | | | | | | | | | | | | | | | | | | |
| myeloproliferative disorder, | Parent-to-parent contact, support groups, current books and pamphlets | | | | | | | | | | | | | | | | | | | | | | |
| polycythemia | | | 1 | 1 | | | 1 | 1 | 1 | 1 | | | 1 | | 1 | | | 1 | | | 1 | _ | |
| Swallowing assessment if | | | | | | | | | | | | | | | | | | | | | | l | |
| feeding problems or | | | | | | | | | | | | | | | | | | | | | | 1 | |
| aspiration | | | | | | | Ι | | | | | | | | | | | I | | | | L | |
| Hemoglobin | | | Hem | oglobin | annual | ly begin | ining at | 1 year | old. If H | | | | rritin, or | | | Hemog | Iobin C | ontent | (CHr). If | possibl | e risk fo | r iron | |
| 22 valont provincesses | | | | | | | <u> </u> | <u> </u> | <u> </u> | | uencien | cy, do (a |) or (b) r | egardiess | ». | | | | <u> </u> | | | | |
| 23-valent pneumococcal vaccine ² | | | | | | | | | | | | | | | | | | | | | | l | |
| Cardiology | Echo ⁴ | | | | - | | | | | | | | | | Scr | een for | acquire | ed mitra | al or aor | tic valv | ular dise | ase | |
| Audiological Evaluation | ABR or | Every 6 | months till 3 years of age. Annually thereafter. | | | | | | | | | | | | | | | | | | | | |
| | OAE | | | | | | | | | | | | | | | - | | | | | | L | |
| Ophthalmologic Evaluation | Red Reflex | Optho Appt | An | Annual ophthalmology appt Q2 Ophthalmology appointment Q3 Ophthalmology appointm | | | | | | | | | | | | | | tment | | | | | |
| Celiac Disease Screening | | | | | | | | | | | (On | ly test if | signs and | l sympto | ms pres | ent) | | | | | | | |
| Thyroid – TSH, T4 | State Screen | Test | Test | | | | | | | | ٦ | Fest TSH | l and T4 | annuall | У | | | | | | | | |
| Neck X-ray (AAI) ³ | | | | | ✓ ³ | | | | | | | | | | | | | | | | | | |
| Dental Exam | | | | | | Anr | nual Dei | ntal Exa | ms. Rea | issure p | arents t | hat dela | yed or ir | regular e | ruption | , hypod | ontia a | re comr | non. | 1 | | | |
| Sleep Study by age 4 years | | Done prior to 4 years of age | | | | | | | | | | | | | | | | | | | | | |
| Early Intervention | | | | | | | | | | | | | | | | | | | | | | | |
| Childhood | | | | | | | | | Disc | uss self- | help, A | DHD, OC | D, wande | ering off, | transiti | on to n | niddle s | chool | | | | | |
| Puberty | | | | | | | | | | | | | | | puber | Discuss physical and psychosocial changes through puberty, need for gynecologic care (pelvic exams) in pubescent female | | | | | | | |
| Facilitate transition | | | | | | | | | | | | | | | Guardianship, financial planning, behavioral problems, school placement, vocational training, independence with hygiene and self-care, group home, work settings | | | | | | | | |
| Sexual development and behaviors | | | | | | | | | | | | | | | Discuss Contraception, STDs, recurrence risk for offspring | | | | | | | | |
| Preventive care | | | | | | Anı | nually n | nonitor | for sign | s and sy | mptom | is of cons | stipation | , OSA, an | d aspira | ation. | | | | | | | |
| | 1. Di | scuss Recur | ronco Pr | to of fu | turo proc | nancios | with par | onte | | | | | | | | | | | | | | | |

1. Discuss Recurrence Rate of future pregnancies with parents

2. 23-valent pneumococcal vaccine if chronic or pulmonary disease.

3. AAI: See AAP Guidelines page 399 - X-rays only if myopathic signs or symptoms * Peds 2011 ;128 :393-406 Chart by Sie Center for Down Syndrome

4. Follow up to be determined by Cardiologist