



## Guidelines for Referrals

Below is a list of guidelines to follow when referring a patient for a consultation to Children's Healthcare of Atlanta Neurology. These are meant to be general recommendations. If you have specific questions, call **404-785-DOCS (3627)**, and ask to speak with the on-call neurologist.

### Office Notes

**We require office notes beyond just the reason for referral.** Office notes are crucial in helping us determine the intricacies of your patient's case. Whether you refer to them as Clinical Notes, History of Present Illness (HPI), Interval History or Notes, what we need are notes that the provider took during the **last visit that explain the child's case and chief concern for referral.** A short "reason for referral" is **not** sufficient. See examples below.

#### Insufficient



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| <p><b>Referral</b><br/> <b>Date requested:</b> 08/16/2021<br/> <b>Requested by:</b> First Name Last Name, NP<br/> <b>Referral to:</b> Pediatric Neurology<br/> <b>Summary of care provided by:</b><br/>                     Reason for referral/notes: Seizure Disorder<br/> <b>ICD Code:</b> Seizure Disorder, Epilepsy, unspecified, not intractable, without status epilepticus (ICD-10: G40.909)</p> |
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#### Sufficient



| <b>*ALL REFERRALS MUST INCLUDE COMPLETE OFFICE NOTES</b>  |   |
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| <p>Patient Name is a XX-year-old female presents with mom c/o having a seizure at school that lasted for two minutes. She states she was unconscious for 20 minutes. Per mom this is her second time having seizures. She was not sick or having any fever. Mom was concerned of patient not eating well.</p> <p><b>Neurological Symptoms:</b> Seizures</p> |   |
| <p><b>Diagnosis:</b></p>  | <p>Seizure Disorder, Epilepsy, unspecified, not intractable, without status epilepticus ICD-10: G40.909</p>   |
| <p><b>Order Name:</b></p>   | <p>Orders included: 1<br/>Seizure Disorder</p> <p>ICD-10: G40.909. Seizure Disorder, Epilepsy, unspecified, not intractable, without status epilepticus</p> <ul style="list-style-type: none"> <li>• PEDIATRIC NEUROLOGIST REFERRAL</li> </ul> <p><b>Schedule within:</b> provider's discretion</p> |

## Excluded Services

Patients that meet the criteria below will be referred back to their primary care physician for management. Additional criteria must be met before patients will be seen by Children’s Healthcare of Atlanta Neurology.

| Suspected Diagnosis       | Criteria  |
|---------------------------|---|
| Simple febrile seizures   | <ul style="list-style-type: none"> <li>• Between 6 months and 5 years old</li> <li>• Fever</li> <li>• No focal features</li> <li>• Less than 15 minutes</li> <li>• 1 in 24 hour period</li> </ul> <p>*Note: Age of first simple febrile seizure does change criteria</p>  |
| Simple headaches          | <ul style="list-style-type: none"> <li>• Infrequent primary headache disorder (ex: migraine with or without aura or tension type) that responds to an abortive (OTC or triptan) and/or a first line preventative and lifestyle changes</li> <li>• Recurrent headaches for less than 6 months without red flags unless meets criteria for chronic headache (15 days or more for over 3 months)</li> <li>• Referrals from the ED (can make exceptions for documented chronicity)<br/>Suggestion: return to PCP for care and to determine if Neurology referral is needed</li> <li>• Acute onset headache (ex: associated with acute viral illness)</li> </ul> |
| Syncope                   | <ul style="list-style-type: none"> <li>• Fainting in a standing position, than when sitting or lying</li> <li>• Turning pale</li> <li>• Vision went dark</li> <li>• Low blood pressure</li> <li>• Dizziness, lightheadedness, palpitations, fainting up on standing or moving to an upright position</li> <li>• If applicable, rule out syncope vs seizure with referral to cardiology first<br/>*If possible, obtain vitals when symptomatic (heart rate, blood pressure, etc.)</li> </ul>   |
| Tics (less than 6 months) | <ul style="list-style-type: none"> <li>• Simple motor (i.e. blinking) and/or vocal tics (i.e. throat clearing, sniffing) <ul style="list-style-type: none"> <li>○ Onset of tics between ages 4-11*</li> <li>○ Not causing pain or interfering with activities OR have not tried one first-line tic medication (i.e. guanfacine or clonidine)</li> <li>○ Normal neurological exam</li> <li>○ No neurologic comorbidities</li> </ul> </li> </ul>  |

## Conditions Treated

- Acute disseminated encephalomyelitis
- Anti-NMDA receptor encephalitis
- Cerebral palsy
- Complex autism spectrum disorder with a neurological component
- Concussion
- Epilepsy and seizure disorders
- Headaches and migraines
- Infantile spasms
- Leukodystrophy
- Movement disorders
- Multiple sclerosis
- Myasthenia gravis
- Myopathies
- Neurodevelopmental Disorders
- Neurometabolic and neurogenetic disorders
- Neuromyelitis optica
- Neuropathy
- Psychogenic non epileptic events (PNEE)
- Rett syndrome
- Spasticity
- Spells
- Spinal Muscular Atrophy
- Stroke
- Transverse myelitis
- Traumatic brain injury



## Referral Checklist and Guidelines

In the table below, we have listed the labs and/or documents we require, and the criteria needed for the most common referrals. If these guidelines are not met, we have outlined steps to take if the condition still exists. If the suspected diagnosis is not listed below, you only need to include office notes.

| Suspected Diagnosis  | Lab documents to send as part of referral   | Criteria for referral   |
|--|---|---|
| Cerebral palsy   | <ul style="list-style-type: none"> <li>Office notes, documentation of birth history and previous neuroimaging, preferred</li> </ul>   | <ul style="list-style-type: none"> <li>Known CP with co-morbid neurological disorders (e.g. epilepsy)</li> <li>Known CP without a current CP provider (not already seeing Psychiatry)</li> <li>Suspected CP:               <ul style="list-style-type: none"> <li>Prematurity AND motor delay or problems with posture or muscle tone (hypertonia or hypotonia)</li> <li>History of brain injury or abnormal brain development AND motor delay or problems with posture or muscle tone (hypertonia or hypotonia)</li> <li>Motor delay AND exaggerated reflexes</li> <li>Motor delay AND hypertonia (stiffness, spasticity)</li> </ul> </li> <li>Spasticity:               <ul style="list-style-type: none"> <li>Increased muscle tone</li> <li>Involuntary movements which may cause spasms and contractures</li> <li>Exaggerated reflexes</li> <li>Contractures</li> </ul> </li> <li>Altered posture</li> </ul> |
| Complex autism spectrum disorder with a neurological component | <ul style="list-style-type: none"> <li>Developmental assessments</li> <li>Other referrals</li> <li>MRI</li> <li>Genetics</li> <li>EEG results</li> <li>Description of medical or neurological complexity</li> <li>Current disabilities</li> </ul> | <ul style="list-style-type: none"> <li>Known primary neurologic or genetic disorder with documented evidence</li> <li>Description of reason that psychological evaluation at Marcus would not be sufficient (do not include wait list issues)</li> <li>Documented visit with general or specialty neurology appointment with findings substantiating complexity</li> </ul>  |
| Concussion   | <ul style="list-style-type: none"> <li>Documented when injury occurred</li> <li>Ongoing past concussion symptoms</li> </ul>   | <ul style="list-style-type: none"> <li>History of post-traumatic seizures</li> <li>Headache &gt; 4wks</li> <li>Injury &lt; 6 months ago</li> <li>Persistent cognitive or neurological symptoms</li> </ul>   |
| Epilepsy and seizure disorders                                 | <ul style="list-style-type: none"> <li>Office notes</li> <li>EEG</li> <li>Imaging results</li> </ul>  | <ul style="list-style-type: none"> <li>Two or more unprovoked seizures with or without abnormal EEG</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>Known diagnosis of epilepsy/second opinion</li> </ul>  |



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| Headaches and migraines      | <ul style="list-style-type: none"> <li>• Office notes (including documentation that patient meets criteria)</li> <li>• Imaging results</li> </ul>  | <ul style="list-style-type: none"> <li>• Recurrent headache for &gt;6 months, not responding to abortive treatment and lifestyle modifications</li> <li>• Headaches with other associated red flags or focal neurological deficits</li> <li>• Headache that is resulting in missed school days or worsening school performance (including declining grades or decreased participation in extracurricular activities)</li> <li>• Chronic headache criteria: Headache greater than 15 days in a month for over 3 months</li> </ul> |
| Low muscle tone / hypotonia  | <ul style="list-style-type: none"> <li>• Office notes</li> </ul>   | <ul style="list-style-type: none"> <li>• Low muscle tone affecting development</li> </ul>  |
| Movement disorders           | <ul style="list-style-type: none"> <li>• Office notes</li> <li>• Lab results</li> <li>• MRI results</li> </ul>   | <ul style="list-style-type: none"> <li>• Abnormal involuntary movements with retained awareness (i.e. chorea, ataxia, dystonia)</li> </ul>   |
| Neurodevelopmental Disorders | <ul style="list-style-type: none"> <li>• OT, SLP or PT notes</li> <li>• Labs results</li> <li>• Imaging results</li> </ul>   | <ul style="list-style-type: none"> <li>• Office notes pertaining to the developmental delay in question</li> <li>• Developmental screening results from within the last 3 months</li> <li>• Concern for not meeting developmental milestones</li> <li>• Evidence that idiopathic autism spectrum disorder is not and should not be the primary concern</li> </ul>  |
| Neuropathy                   | <ul style="list-style-type: none"> <li>• Office notes</li> </ul>   | <ul style="list-style-type: none"> <li>• Numbness, tingling, burning sensation</li> <li>• Increased sensation to touch</li> <li>• Muscle weakness</li> <li>• Pain</li> <li>• Family history or inherited neuropathies</li> </ul>   |
| Rett syndrome                | <ul style="list-style-type: none"> <li>• Office notes</li> <li>• Lab results</li> <li>• Genetic testing (if already preformed)</li> <li>• Any imaging (MRI, EEG, CT)</li> <li>• Release of information from previous/current facilities</li> </ul> | <ul style="list-style-type: none"> <li>• Slowed growth</li> <li>• Developmental delays (loss of coordination and movement)</li> <li>• Unusual hand movements</li> <li>• Seizures</li> <li>• Sleep disturbances and irritability</li> <li>• Genetic testing</li> <li>• CT/MRI/EEG</li> </ul>  |



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| Spells and Seizure-like Activity | <ul style="list-style-type: none"> <li>• Office notes</li> <li>• EEG results</li> <li>• ED notes if applicable</li> <li>• Screening measures if applicable</li> <li>• Family recorded video of event(s) if applicable</li> </ul> | <ul style="list-style-type: none"> <li>• If applicable, rule out syncope vs seizure with referral to cardiology first</li> <li>• Screening for depression, anxiety, suicidal or homicidal ideation</li> <li>• Episodes of full body convulsions, staring spells, or jerking on one side of the body</li> <li>• Counsel family to record video for events to have available for appointment</li> </ul>  |
| Tics (>6 months)                 | <ul style="list-style-type: none"> <li>• Office notes</li> <li>• Lab results</li> </ul>  | <ul style="list-style-type: none"> <li>• Complex motor (jumping, hitting, copropraxia) +/- complex vocal tics (coprolalia, words/phrases)</li> <li>• Onset of tics after age 11, or under age 4*</li> <li>• Simple tics which have failed one first-line medication</li> <li>• Abnormal neurological exam or neurologic comorbidities (i.e. autism, cerebral palsy)</li> <li>• Eye fluttering</li> <li>• Concern for seizures</li> <li>• Routine/first available appointment: <ul style="list-style-type: none"> <li>○ Brief episodes</li> <li>○ No altered mental status</li> </ul> </li> <li>• Previously sought ED care for tics</li> </ul> |

### Urgent referrals

If you feel your patient needs to be seen as soon as possible, note “urgent” on your referral. All referrals marked “urgent” are triaged to help make sure patients are seen in a timely fashion. If you wish to speak to the on-call neurologist, call 404-785-DOCS (3627).

### Referrals for Judson L. Hawk Jr., M.D., Clinic for Children

The Judson Hawk center consists of a multidisciplinary team of doctors who see patients with a wide range of medical conditions. **This center is different than the Children’s Healthcare of Atlanta Outpatient Neurology department and therefore has a different referral review process.** If your child requires treatment for one of the following conditions listed below, please have your referring provider send to (404) 785-9111.

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|---|--|
| <ul style="list-style-type: none"> <li>• Charcot-Marie-Tooth</li> <li>• Facioscapulohumeral muscular dystrophy</li> <li>• Muscular dystrophy</li> </ul> | <ul style="list-style-type: none"> <li>• Neurocutaneous syndrome</li> <li>• Neurofibromatosis</li> <li>• Tuberous sclerosis complex</li> </ul> |
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