

ADOLESCENT MEDICINE REFERRAL GUIDELINES

ADOLESCENT MEDICINE REFERRAL GUIDELINES

TABLE OF CONTENTS

ABNORMAL UTERINE BLEEDING	P 2
CONTRACEPTION	P 3
TRANSGENDER CARE	P 3
EATING DISORDERS	P 4
DEPRESSION/ANXIETY	P 5
SEXUALLY TRANSMITTED INFECTIONS	P 5

ABNORMAL UTERINE BLEEDING

POTENTIAL DIAGNOSIS

- N92.6 • Irregular menstruation unspecified (may include excessive and frequent or infrequent menses)
- N91.5 • Oligomenorrhea unspecified
- N94.6 • Dysmenorrhea unspecified
- N93.9 • Abnormal uterine and vaginal bleeding unspecified
- N91.0 • Amenorrhea Primary
- N91.2 • Amenorrhea Secondary

RECOMMENDED WORKUP

Abnormal uterine bleeding is common in adolescence but has a broad etiology. Based upon history and exam, our team will complete the workup and help families select the best management options.

If necessary, additional referrals may be placed.

Consider the following for irregular menses:

- Hemoglobin and vitals in clinic
- Pediatric testosterone, DHEAS
- Pediatric LH and Pediatric FSH
- 17-hydroxyProgesterone
- TSH and free T4, Prolactin
- Always rule out pregnancy

Cont'd>>>

CONTRACEPTION

POTENTIAL DIAGNOSIS

- Z30.9 • Contraceptive management unspecified
- Z30.017 • Implantable Device
- Z30.09 • Contraceptive counseling and general advice

RECOMMENDED WORKUP

Our team will review options and help families select the best method based upon patient and family history, and patient preference. While we do not place IUDs, we do place implantable devices such as Nexplanon.

TRANSGENDER CARE

POTENTIAL DIAGNOSIS

- F64.0 • Gender dysphoria in adolescent
- F64.2 • Gender dysphoria in a pediatric patient
- F64.9 • Gender identity disorder
- F66 • Gender identity Uncertainty

RECOMMENDED WORKUP

Care for the transgender patient is multifaceted. Our team works in conjunction with our Endocrinology and mental health partners to offer comprehensive care.

Cont'd>>>

EATING DISORDERS

POTENTIAL DIAGNOSIS

- F50.9 • Eating disorder unspecified
- F50.00 • Anorexia Nervosa
- F50.2 • Bulimia Nervosa
- F50.82 • ARFID (avoidant restrictive food intake disorder)

RECOMMENDED WORKUP

Our multi-disciplinary team includes physicians, psychiatry, nutrition, and case management. We also work closely with the inpatient eating disorder team. The mainstay of treatment is intensive counseling – patients will be referred out for individual counseling, but we communicate with therapists on a regular basis to coordinate care.

Please forward all historical growth charts. Specific workup is determined by history.

Recommended preliminary screening labs include:

- CBC, ESR, CMP, TSH and freeT4, ppd, HIV, celiac screen, stools studies, full UA, pregnancy test, urine drug screen, EKG if bradycardia

Admission criteria include:

- <75% Ideal Body weight
- Unstable vital signs (pulse <46, systolic BP <90, diastolic BP <45, pulse increase on standing >20, systolic BP decrease on standing >10, T <36)
- Cardiac disturbance or syncope, symptomatic
- Refusal to eat for 3 or more days
- Significant electrolyte abnormalities

Cont'd>>>

DEPRESSION/ANXIETY

POTENTIAL DIAGNOSIS

- F32.0 • Major Depressive Disorder
F41.9 • Anxiety unspecified

RECOMMENDED WORKUP

Mental health impacts our every day functioning. Most patients with mood disorders benefit from individual counseling; however, there are times when medications can help a patient manage their symptoms, allowing them to more fully engage in counseling. Our team helps support patients through evaluation and potential medication recommendations and management. We do not have on-site psychology, so please refer for psychological services.

SEXUALLY TRANSMITTED INFECTIONS Prevention, Identification, and treatment

POTENTIAL DIAGNOSIS

- ICD 10 • Dependent upon specific concerns

RECOMMENDED WORKUP

While adolescents only account for 25% of all sexually active people, they account for 50% of all STIs. Nearly 50% of all new HIV cases are among 15-24 year olds. Our team is here to help evaluate and treat STIs. We are also excited to offer PrEP—“Pre-Exposure Prophylaxis”—for the prevention of HIV infection among HIV negative but at risk youth. PrEP has been shown to be up to 92% effective in preventing HIV, but does require close monitoring.



CHOC CHILDREN'S PRIMARY CARE
ADOLESCENT MEDICINE

MAIN OFFICE:
CHOC CHILDREN'S HEALTH CENTER, CENTRUM
1120 W. LA VETA AVE., SUITE 125
ORANGE, CA 92868