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\* These guidelines are to be used only as a tool for initial reference and not be used as exclusive indicators for referral to Pulmonology.

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For appointments, please call the Patient Access Center at 888-770-2462 (888-770-CHOC)

Complete the [CHOC Children's Specialists Pulmonology Referral Request Form](http://www.choc.org/referralguidelines) located at <http://www.choc.org/referralguidelines>

Fax ALL pertinent medical records to 855-246-2329 (855-CHOC-FAX)

To speak with a CHOC Children's Specialist in Pulmonology, please call 714-509-8622

## A. Apnea (Infant < 1 y/o) [ICD-9 Code: 786.03] [ICD-10 Code: R06.81]

### Refer to Pulmonology when:

- Infant < 1 year old and symptomatic

### Pre-referral workup

- ▶ Neonatal Record or Hospital
- ▶ Chest X-Ray images on film or digital

## B. Apnea (Child > 1 y/o) [ICD-9 Code: 786.03] [ICD-10 Code: R06.81]

### Refer to Pulmonology when:

- Child > 1 year old and symptomatic

### Pre-referral workup

- ▶ Chest X-Ray images on film or digital
- ▶ Soft tissue neck X-Ray

## C. Asthma [ICD-9 Code: 493.00] [ICD-10 Code: J45.\*]

### Refer to Pulmonology when:

- Difficulties achieving or maintaining control of asthma
- More than 2 systemic steroid per year
- Exacerbation requiring hospitalization
- Moderate or severe persistent asthma
- Additional testing is indicated

### Pre-referral workup

- ▶ None
- ▶ Study results if performed
  - Chest X-Ray
  - IgE
  - Southern California RAST panel or skin allergy test

## D. Bronchopulmonary Dysplasia (BPD) [ICD-9 Code: 770.7] [ICD-10 Code: P27.\*]

### Refer to Pulmonology when:

- O2 dependent
- Recurrent wheezing
- Hospitalizations

### Pre-referral workup

- ▶ Growth curve
- ▶ Neonatal Discharge Summary
- ▶ Chest X-Ray images on film or digital

## E. Chronic Cough [ICD-9 Code: 786.2] [ICD-10 Code: R05]

### Refer to Pulmonology when:

- Bronchodilators
- Oral steroids
- Antibiotics as appropriate

### Pre-referral workup

- ▶ Chest X-Ray images on film or digital
- ▶ Southern California RAST Panel

## F. Cystic Fibrosis [ICD-9 Code: 277.0] [ICD-10 Code: E84.\*]

### Refer to Pulmonology when:

- Newborn screening

### Pre-referral workup

- ▶ Order sweat test at CHOC Children's

## G. Recurrent Pneumonia [ICD-9 Code: V12.61] [ICD-10 Code: Z87.01]

### Refer to Pulmonology when:

- 2nd case of Pneumonia

### Pre-referral workup

- ▶ Chest X-Ray images on film or digital
- ▶ Quantitative Immune Globulins
- ▶ IqE
- ▶ Growth Curve
- ▶ Discharge Summaries
- ▶ Southern California RAST Panel

(referral guidelines continued on next page)

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## H. Respiratory Syncytial Virus (RSV) [ICD-9 Code: V04.82] [ICD-10 Code: Z23]

Refer to Pulmonology when:

- **Preterm:** Infants born before 29 weeks 0 days gestation who are younger than 12 months of age as of November 1st.
- **Chronic Lung Disease (CLD):** Preterm infants with chronic Lung disease of prematurity defined as a gestational age of less than 32 week 0 days and a requirement for room air high flow nasal cannula at 21% or an oxygen requirement of greater than 21% for at least the first 28 days after birth and are less than 12 months of age as of November 1st.
- Infants who satisfy the definition of chronic lung disease of prematurity (as outlined above) and continued to require medical support (such as chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the past 6 months and are younger than 24 months of age as of November 1st.
- **Congenital Heart Disease (CHD):** Infants who are 12 months of age or younger as of November 1st who have hemodynamically significant congenital heart disease (includes those infants with acyanotic heart disease who are receiving medication to control congestive heart failure and will require cardiac surgical procedures and infants with moderate to severe pulmonary hypertension).
- **Cardiac Transplantation:** Children, younger than 24 months of age as of November 1st who undergo cardiac transplantation during RSV season.
- **Pulmonary Abnormality or Neuromuscular Disorder:** Infant who are 12 months of age or younger as of November 1st who have neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway because of ineffective cough.
- **Immunocompromised:** Children, younger than 24 months of age as of November 1st, who are profoundly immunocompromised during the RSV season.

For more in depth information regarding the American Academy of Pediatrics 2014 Guidelines for Palivizumab Prophylaxis visit <http://pediatrics.aappublications.org/content/134/2/415.full.pdf+htm>

\*No pre-referral workup required for all categories.

## I. Sleep Lab (direct referral)

Otherwise healthy children in whom an overnight sleep study is indicated to evaluate for obstructive sleep apnea can be referred directly to the sleep lab. Specifically, this includes children:

- Aged 12 months - 18 years of age.
- With snoring and suspected obstructive sleep apnea due to adenotonsillar hypertrophy or obesity.

## J. Sleep Clinic Evaluation Prior to a Sleep Study

For those children who would benefit from an initial evaluation with one of our CHOC Sleep Center physicians prior to any testing includes those:

- Who are self-referred by their parents
- Who have a primary diagnosis of daytime sleepiness (EDS) or insomnia
- Aged < 12 months if otherwise healthy

Exceptions:

- With complex medical conditions (e.g. neuromuscular, craniofacial anomalies) or on psychotropic meds that can affect sleep
- Who require a Multiple Sleep Latency Test (MSLT) or Maintenance of Wakefulness Test (MWT)
- Who require oxygen/CPAP/BiPAP/ventilators

\*Please note: Based on accreditation standards, all orders are reviewed by a CHOC Sleep Center physician prior to the study to determine appropriateness of the study. A clinician or staff member may contact the family or the referring physician if it is recommended that the patient undergo an initial evaluation in the sleep center prior to the study. CHOC staff will also facilitate scheduling of the clinical appointment.