

Down Syndrome Checklist AGES 1-5 YEARS

(Indicate the Date of each Evaluation)

MEDICAL EVALUATION	15 months	18 months	2 years	2.5 years	3 years	3.5 years	4 years	4.5 years	5 years
(Enter date each is completed)	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Review growth using Down syndrome-specific growth charts, when available, from the Centers for Disease Control at www.cdc.gov/growthcharts. Use BMI, Ht/Wt assessments.									
Consider referral to dietitian, particularly for those who are "overweight" or "obese."									
Refer to pediatric ophthalmologist or an ophthalmologist with experience with Down syndrome.									
Continue physical, occupational, and speech therapy, as indicated.									
Review developmental status.									
Discuss behavioral and social progress.									
Cardiology follow-up based on individual history.									
Routine well child care & childhood immunizations, including influenza, unless otherwise contraindicated.									
Behavioral audiogram and tympanometry until bilateral ear specific-testing possible. Refer child to ENT for any abnormal hearing exam. Test every 6 months until normal hearing established, then evaluate annually.									
If chronic cardiac or pulmonary disease, 23-valent pneumococcal vaccine at age >2 y.									
At 30 months, discuss transition to preschool and development of IEP.									
Sleep study by age 4 years, even if asymptomatic.									
LABORATORY EVALUATION	15 Months	18 Months	2 years	2.5 years	3 years	3.5 years	4 years	4.5 years	5 years
(Enter date each is completed)	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Hgb annually; serum ferritin & CRP/RHC if possible risk iron deficiency or Hgb <11 g.									
TSH & Free T4.									
ONGOING MONITORING - ASSESS DURING ANY VISIT	15 Months	18 Months	2 years	2.5 years	3 years	3.5 years	4 years	4.5 years	5 years
(Enter date each is completed)	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
If congenital heart disease, monitor for signs and Sx of Congestive heart failure. Provide sub-acute bacterial endocarditis prophylaxis when indicated.									
If constipation or concerns for GI tract blockage, evaluate for limited diet or fluids, hypotonia, hypothyroidism, GI malformation, Hirschsprung.									
If symptomatic for celiac disease, obtain tissue transglutaminase IgA and quantitative IgA.									
Assess for obstructive sleep apnea Sx, refer to ENT as needed.									
If myopathic signs or symptoms, obtain neutral position spine films. If normal, obtain flexion and extension films. Refer to pediatric neurosurgeon or orthopedic surgeon with expertise in treating atlanto-axial instability.									



(Indicate the Date of each Evaluation)

ANTICIPATORY GUIDANCE - ADDRESS DURING ANY VISIT AT LEAST ANNUALLY:	15 Months	18 Months	2 years	2.5 years	3 years	3.5 years	4 years	4.5 years	5 years
(Enter date each is completed)	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Discuss complementary and alternative therapies with family.									
Discuss cervical spine positioning, especially for anesthesia or surgical or radiologic procedures.									
Advise risk of some contact sports, trampolines. No trampoline use before age 6 years. Only professionally supervised trampoline use 6 years and older.									
Review signs and symptoms of myopathy with family.									
Refer to parent-to-parent contact, support groups, current books and pamphlets.									
Assess the emotional status of parents and intra-familial relationships.									
Continue physical, occupational, and speech therapy, as indicated.									
Discuss behavioral and social progress.									
Reassure regarding delayed and irregular dental eruption.									

Sources:

These guidelines are based on the Clinical Practice Guidelines of the American Academy of Pediatrics and the National Down Syndrome Society.

[&]quot;Health Supervision for Children with Down Syndrome" Pediatrics (Vol 128, No. 2, August 1, 2011, pp. 393-406)
"Down Syndrome Health Care Guidelines" National Down Syndrome Society