

Down Syndrome Checklist

AGES 6-12 YEARS

(Indicate the Date of each Evaluation)

MEDICAL EVALUATION	6 years	7 years	8 years	9 years	10 years	11 years	12 years
(Enter date each is completed)	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Establish optimal dietary and physical exercise patterns.							
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."							
Review developmental status.							
Behavioral audiogram, if normal ear-specific hearing has been established.							
Refer to pediatric ophthalmologist or an ophthalmologist with experience with Down syndrome (Every 2 years).							
Referral to/continue with physical, occupational, speech therapy, as indicated.							
Discuss behavioral and social progress.							
Discuss self-help skills, ADHD, OCD, wandering off, school transition.							
Cardiology follow-up based on individual history.							
LABORATORY EVALUATION	6	7	8	9	10	11	12
(Enter date each is completed)	years Date:	years Date:					
Annual hemoglobin; serum ferritin & CRP/RHC if risk for iron deficiency or Hgb <11 g.	- Date:	- Date:	Jutei	Juici	- Dute.	Dutc.	- Juici
TSH & free T4.							
ONGOING MONITORING - ASSESS DURING ANY VISIT	6 years	7 years	8 years	9 years	10 years	11 years	12 years
(Enter date each is completed)	Date:	Date:	Date:	Date:	Date:	Date:	Date:
If congenital heart disease, monitor for signs and symptoms of CHF.							
Assess for celiac disease, obtain tissue transglutaminase IgA and quantitative IgA if symptomatic.							
Assess for OSA, ENT referral if symptomatic.							
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.							
ANTICIPATORY GUIDANCE - ADDRESS DURING ANY VISIT	6 years	7 years	8 years	9 years	10 years	11 years	12 years
(Enter date each is completed)	Date:	Date:	Date:	Date:	Date:	Date:	Date:
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Discuss complementary and alternative therapies.							
Discuss complementary and atternative therapies. Discuss cervical spine positioning, risk of some sports.							
Discuss cervical spine positioning, risk of some sports.							
Discuss cervical spine positioning, risk of some sports. Review signs and symptoms of myopathy.							
Discuss cervical spine positioning, risk of some sports. Review signs and symptoms of myopathy. Discuss dermatologic issues.							

Sources:

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

"Health Supervision for Children with Down Syndrome" Pediatrics (Vol 128, No. 2, August 1, 2011, pp. 393-406)

[&]quot;Down Syndrome Health Care Guidelines" National Down Syndrome Society