



Concern raised by caregiver or teacher for Attention Deficit Hyperactivity Disorder (ADHD) in child aged 6-17 years

Distribute initial Vanderbilt evaluation forms for caregiver and teacher to complete. Click [here](#) for forms.

For children <6 years, consider referral to CFDS and/or psychiatry group.

Schedule appointment with provider trained in ADHD evaluation and management.

Initial Vanderbilt evaluation forms completed by caregiver and teacher. Forms reviewed by provider before, at, or after appointment.¹ Provider conducts medical evaluation at appointment.

Vanderbilt positive for ADHD with comorbid psychiatric conditions

- Address any medical issues (sleep, etc.).
- Refer to psychiatry group for further evaluation and management.

Complicated Patients

Refer complicated patients to psychiatry group. Patients on more than one psychiatric medication may require more frequent visits.

Contact

- If questions about pediatric management, use Tiger Connect Team "Pediatric Outpatient."
- If a patient has run out of medications, send a Tiger Text to role "Psych Med Refills Only (Not for Patients)."
- To consult a psychiatrist, send a message to Tiger Connect role "Psychiatry Attending Physician (Not for patients)."

Vanderbilt positive only for ADHD and physical/situational/organic conditions excluded. No cardiac contraindications (see box).

Start trial of low-dose stimulants for one month and refer to Behavioral Health for concurrent counseling to achieve optimal results.

Distribute follow-up Vanderbilt evaluation forms to be completed by caregiver and teacher after two weeks of new medication or dose.

Schedule follow-up appointment within 30 days of starting medication or changing dose. Review follow-up Vanderbilt forms: do they indicate acceptable control of ADHD symptoms with reasonable side effect profile?

Yes

Monthly weight checks in village clinic or Bethel for three months after any dose adjustment.

May refill stimulant prescription for up to three months at a time once on a stable dose without significant adverse effects.³

- Follow-up ADHD appointment for medication review (with completed Vanderbilt evaluation forms) every 3 months.
- May alternate face-to-face visits with VTC appointments. Must check height, weight, and VS every 6 months.
- May refill one additional month while awaiting an appointment if necessary.

Vanderbilt negative for ADHD

- Perform full WCC.
- Address any medical issues (sleep, etc.).
- Consider checking lead and vitamin D levels and/or referring to Audiology and Optometry.
- Consider referral to Behavioral Health for counseling or to Child and Family Developmental Services (CFDS) clinic in Anchorage for further neurodevelopmental testing.²

Review results with caregiver (may be by phone). Titrate dose as indicated. May consult psychiatrist via Tiger Connect.

Footnotes

1. Scan completed Vanderbilt forms into MultiMedia Manager under "Continuity of Care."
2. To refer to [CFDS](#) or other private psychologist: use "Refer to Other External" order and send a message to the case manager to process the referral.
3. E-prescribe three separate 30 day prescriptions after checking Alaska PDMP. Include the month the medicine is to be filled in the comments or special instructions section.

If any of the following are present, refer to cardiologist prior to starting stimulants:

- Hx congenital heart disease or previous heart surgery
- FHx sudden death suggesting cardiac disease under 40 in a first-degree relative
- SOB on exertion compared to peers
- Syncope on exertion or in response to fright or noise
- Palpitations that are rapid, regular, and start and stop suddenly; fleeting occasional "bumps" do not need investigation
- Chest pain suggestive of cardiac etiology
- S/Sx heart failure
- Heart murmur not c/w benign process
- If BP consistently above the 95th percentile for age and height

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 7/14/23.

Click [here](#) for the supplemental resources for this guideline.

If comments about this guideline, please contact Clinical_Guidelines@ykhc.org.