

ADHD Care Pathways

for Pediatric Primary Care

Screen

Screen for behavioral health problems: Pediatric Symptom Checklist-17-Parent (ages 6-18); **Youth** (ages 11-18):
(cut-points: 7 attention, 7 externalizing [behavior], individual attention & externalizing items)

Positive Screen

Conduct Focused Assessment

Conduct focused assessment (symptom rating scales & clinical interview)

- If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
- Consult with child and adolescent psychiatrist (CAP) via the centralized warmline (323)361-9150, as needed

Symptom Rating Scale cut-points	ADHD Cut-Points (inattentive)	ADHD cut-points (hyperactive/impulsive)	Behavior cut-points
Vanderbilt Parent - Initial (ages 6-12)	6+ "often" or "very often" on items 1-9	6+ "often" or "very often" on items 10-18	4+ "often" or "very often" on items 19-26
Vanderbilt Teacher - Initial (ages 6-12)	6+ "often" or "very often" on items 1-9	6+ "often" or "very often" on items 10-18	3+ "often" or "very often" on items 19-28
SNAP-IV 26 Parent & Teacher (ages 6-18)	13+ on items 1-9	13+ on items 10-18	8+ on items 19-26

Scores ≤ cut-points;
mild to no distress/impairment

Scores > cut-points;
moderate distress/impairment

Scores >> cut-points;
severe distress/impairment; psychiatric/
psychosocial/medical complexity; safety concerns

Sub-clinical to mild ADHD or behavior problem

Guided self-management with follow-up

Moderate ADHD (or moderate ADHD with moderate behavior problem)

Consider medication; recommend home, school & study supports; for moderate ADHD with moderate behavior problem: recommend therapy

Severe ADHD with high-risk behavior problem or other co-morbidity

Refer to specialty care for therapy & medication management until stable

Consider Medication

Conduct baseline medical assessment: personal/family cardiovascular history; height, weight, pulse, blood pressure, substance abuse history.

FDA-approved medications for ADHD (age 6+): *consider consulting with or referral to CAP for children age <6

Class	Drug	Starting Dose	Therapeutic Dosage Range
Methylphenidate	OROS methylphenidate extended release	18mg	18-72mg
	Dexmethylphenidate extended release	5mg	5-30mg
Amphetamine	Amphetamine/dexroamphetamine mixed salts extended release	5-10mg	5-30mg
	Lisdexamfetamine	20	20-70mg
Alpha Agonist	Gunfacine extended release	1mg	1-4mg per weight

Follow Up

Re-assess symptom severity with Vanderbilt Parent & Teacher Follow-Up or SNAP-IV Parent & Teacher every 2-3 weeks after administering starting dose, until symptoms have remitted and dose is stable

Scores < cut-points with mild to no impairment

Remain at Current Dose

Remain at current dose for at least the remainder of school year; consider off medication on weekends, holidays, vacation days; consider discontinuation each school year, monitor with Vanderbilt Parent & Teacher Initial or SNAP-IV Parent & Teacher for several months for symptom recurrence

Scores > cut-points impairment persists

Increase Dose

Up-titrate dose stepwise every 2-3 weeks to maximum therapeutic dose as tolerated, obtaining Vanderbilt Parent & Teacher Follow-Up or SNAP-IV Parent & Teacher to confirm need for each dose increase

Scores > cut-points at max therapeutic dose

Consider Alternate Drug

Consider switching to alternative stimulant class, or consider augmenting stimulant with alpha agonist, or consider switching to alpha agonist, or consult with warmline, or refer to CAP