Anxiety Care Pathways

for Pediatric Primary Care

Children's Hospital Los Angeles CARE NETWORK

Screen

Screen for behavioral health problems: Pediatric Symptom Checklist-17-Parent (ages 6-18); **Youth** (ages 11-18):
(cut-point: individual anxiety item)

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:

SCARED Parent & Child (ages 8 - 12); cut-point: 25 parent & child **OR**

GAD-7 (for generalized anxiety only) (ages 12+); cut-points: 5 (mild), 10 (moderate), 15 (severe)

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 Anxiety	**Moderate Anxiety**	**Severe Anxiety**
Guided self-management with follow-up	Refer for therapy; consider medication	Refer to specialty care for therapy & medication management until stable

Consider Medication

Selected medications for anxiety: **Fluoxetine, Sertraline** (both evidence-based)

	Fluoxetine	Sertraline
Start daily test dose for ≈ 1 week	Age ≤ 8: 5mg | Age > 8: 10mg	Age ≤ 8: 12.5mg | Age > 8: 25mg
If test dose tolerated, increase to therapeutic daily dose	Age ≤ 8: 10mg | Age > 8: 20mg	Age ≤ 8: 25mg | Age > 8: 50mg

Monitor ≈ weekly in the first month for agitation, suicidality, and other side effects: for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency evaluation; for severe distress: consider short-term use of hydroxyzine 12.5-25mg (age <12) or 25-50mg (age 12+) q4h PRN not to exceed twice daily

Follow Up

Re-assess symptom severity with SCARED (parent & child) or GAD-7 (teen) at the following times:

≈ 1 month ≈ 2 months

Scores > cut-points & distress/impairment persist

Increase Dose

Can increase fluoxetine by 10mg every 3-4 weeks to 60mg and sertraline by 25mg every 1-2 weeks to 150mg if anxiety is moderately severe. Take with food and/or divide BID for se's). Full remission should be the target

Scores < cut-points with mild to no distress/impairment

Remain at Current Dose

Remain at current dose for ≈ 12 months, monitor monthly

≈ 3 months

Scores > cut-points & distress/impairment persists

Consider Alternate SSRI

Consider second SSRI trial or consult with warmline (323-361-9150)

≈ 12 months

Scores < cut-points with mild to no distress/impairment

Taper Medication

Consider tapering medication decrease daily dose by 25-50% every 2-4 weeks to starting dose, then discontinue; tapering should ideally occur during a time of relatively low stress. Titration should start not sooner than 12 months after the point of full remission

Scores > cut-points & distress/impairment persists

Consult or Refer

Consult with warmline (323-361-9150) or refer to specialty care