

LEGEND FOR BIRTH TO 20 FLOWCHART:

1. **Perform the maneuver if the space is NOT shaded.** Write the date completed in the box. Use the blank rows as needed. 3M = three months of age. 6M = six months of age.
2. Common medical problems, as well as special medical problems, may affect the person with Down syndrome. Do not assume a problem is due to the condition of Down syndrome alone.
3. A pediatric echocardiogram should be done at birth. If unable to do so, evaluate carefully, e.g. weekly, until one can be obtained, no later than two months of age. Adolescents and adults should be examined by auscultation for mitral valve prolapse and aortic regurgitation. If suspected, obtain an echocardiogram. Start prophylaxis for bacterial endocarditis prophylaxis as indicated.
4. Auditory Brainstem Responses (ABR) or Otoacoustic Emission testing should be done by six months of age. Behavioral audiograms can be done by one year of age and then every year until 3 years of age.
5. IgA antiendomysium antibody and total IgA.
6. Neutral, flexion, and extension lateral C-spine films as well as an anterior-posterior view. Atlas to odontoid interval greater than 4.5 mm is instability. Repeat if needed by Special Olympics. If AAI exists, limit activity that stresses the neck e.g., gymnastics, diving, butterfly stroke, high jump, soccer, and certain warm-up exercises and refer.
7. To assess for cord compression from atlanto-axial instability (AAI) test gait, tone, Babinski responses, deep tendon reflexes, and clonus. Assess for neck pain, torticollis, gait disturbances, spasticity, and weakness. Advise parents of symptoms to report.
8. Start an Infant Stimulation Program by 2 months of age. Use the special growth charts for children with Down syndrome. Use the usual height for weight chart to assess obesity. Every three to five years a complete developmental assessment should be performed using the team approach of occupational, physical, and speech therapists with a psychologist and developmental pediatrician as needed. If there are areas of increased delays or regressions, assess for thyroid function, depression, stress, sensory deficits, or sleep patterns suggestive of sleep apnea.
9. Include information about supportive employment and self-advocacy for adults.

Adapted from the Healthcare Guidelines for Individuals with Down Syndrome.
Available on the Internet at <http://www.denison.edu/dsq/health99.html>.
David S. Smith, M.D. 11/99 Medical College of Wisconsin