Pathways to the Rescue

A week in the life of a Pediatrician

Dr Kelly Cox: kel.cox@gmail.com

Dr Tracy Monk

Objectives

At the end of this session, participants will be able to

1. Use the new Pediatrics Homepage on PathwaysBC

2. Send Patient Resources from Pathways BC

3. Use care pathways during an encounter to streamline care

Disclosure

Kelly Cox:

Pathways Board Of Directors since 2023

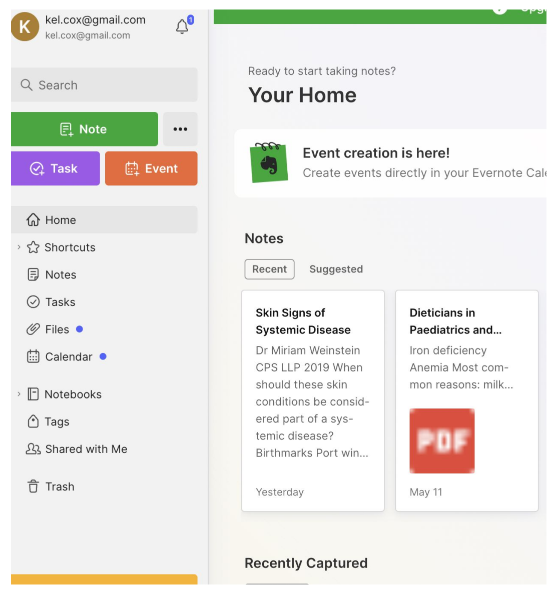
Tracy Monk:

Medical Director, Pathways

My Story…

UBC Medicine….Halifax Residency….Nanaimo Pediatrics

Systems in place to support my practice



My Journey In Pediatrics

Getting lost along the way….

-CPS Statements

-CME, Rounds

-BCPS: Patient transfer summary, Diagnostic Verification Form

-Email inbox….

BC PharmaCare Formulary Search

Welcome to the BC PharmaCare Formulary Search

This search includes information on:

- All medications and some diabetes supplies that PharmaCare covers.
- Some medications that PharmaCare has reviewed but does not cover.

My Journey In Pediatrics

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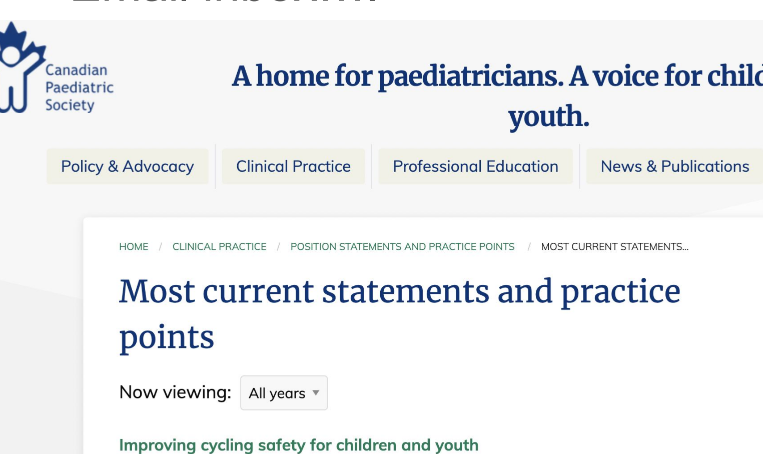

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Canadian Paediatric Society

A home for paediatricians. A voice for child youth.

Policy & Advocacy | Clinical Practice | Professional Education | Ne

HOME / CLINICAL PRACTICE / POSITION STATEMENTS AND PRACTICE POINTS / MOST CURRENT

Most current statements and prac points

Now viewing: All years

Improving cycling safety for children and youth

Transition and Transfer of Patients

The BC Pediatric Society (BCPS) has developed tools and resources to help with transitioning patients and transferring patient information when a youth ages out of pediatric care.

Learn More

Child and Youth Mental Health Resources

Research shows that 15 – 20% of children and youth have mental health disorders. The BCPS has useful resources and information about child and youth mental health.

Resources for Physicians

Resources for Patients/Families

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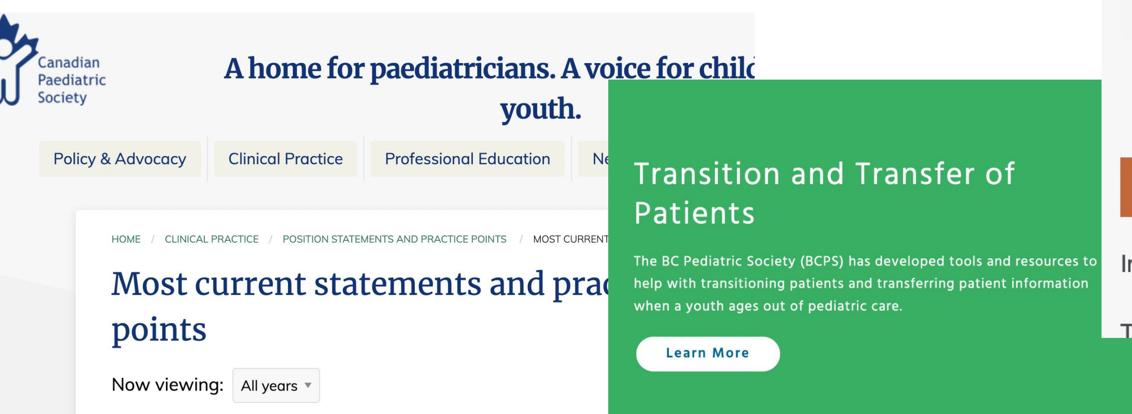


Home / Clinician Resources

CLINICIAN RESOURCES

Important information regarding these clinician resources:

The appropriate adoption and use of these materials is the responsibility

Resources for Patients/Families

How to get the most out of this next hour?

1. Open pathways
   a. If you don’t have a login…….

2. Be playful, LOVE some stuff….

3. Be curious

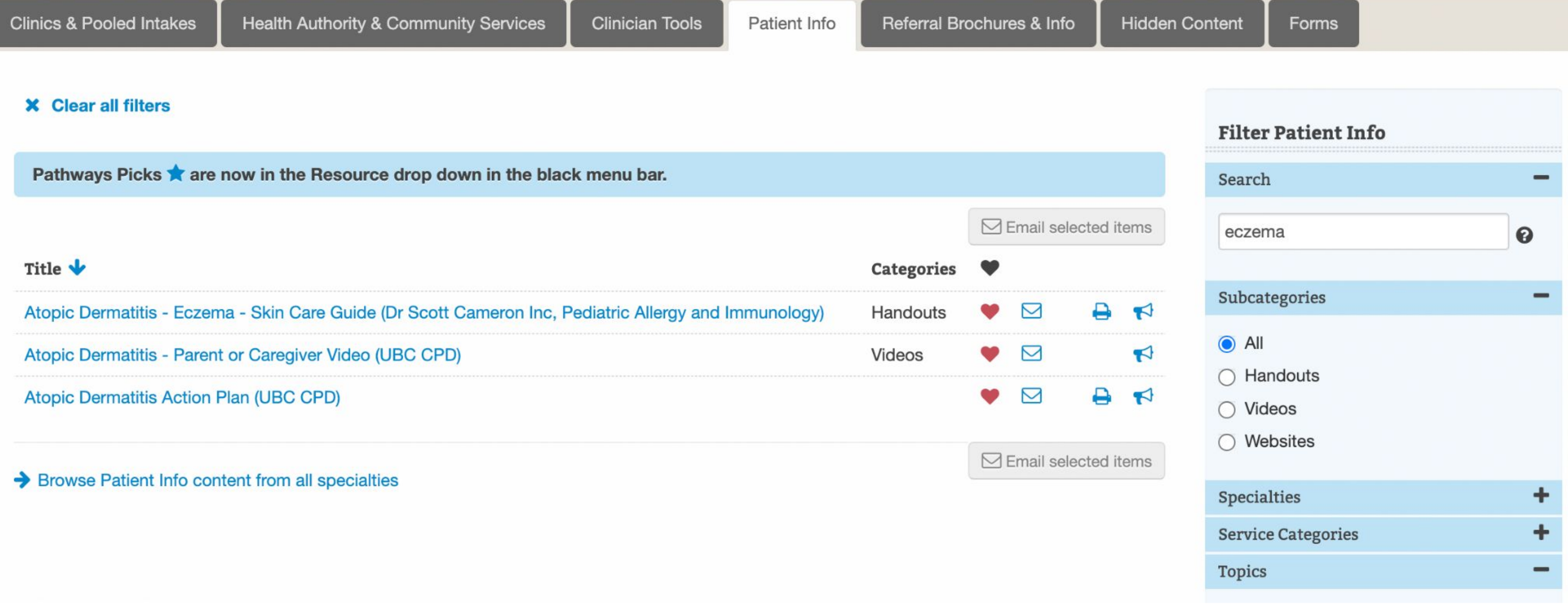
4. Pathways is by physicians for physicians

Monday Morning: Eczema

5 year old boy diagnosed with atopic dermatitis by the PCP and prescribed a low dose and mid dose topical steroid. The family agrees with the diagnosis, but has been nervous to use the prescribed medications and is hoping you can go over some additional information. You are running behind and feel stressed to answer all their questions….

The family has lots of questions for you

1. What causes eczema?
2. What type of moisturizer should they use?
3. How often should they use steroids?
4. They've heard about bleach baths, but are nervous to try them…



Favourites
Clinics & Pooled Intakes
Health Authority & Community Services
Clinician Tools
Patient Info
Referral Brochures & Info
Hidden Content
Forms
Clear all filters
Pathways Picks are now in the Resource drop down in the black menu bar.
Email selected items
Title
Categories
Atopic Dermatitis - Eczema - Skin Care Guide (Dr Scott Cameron Inc, Pediatric Allergy and Immunology)
Handouts
Atopic Dermatitis - Parent or Caregiver Video (UBC CPD)
Videos
Atopic Dermatitis Action Plan (UBC CPD)
Email selected items
Browse Patient Info content from all specialties
Filter Patient Info
Search
eczema
Subcategories
All
Handouts
Videos
Websites
Specialties
Service Categories
Topics

Creams and ointments:

Any unscented cream or ointment can be used for hydration, or barrier protection. The most important thing is that they are used!

Glaxal Base	CeraVe Cream	Vaseline Ointment	O'keefe's Working Hands	Lansinoh Ointment
Good moisturizer	Good moisturizer	Good ointment	Excellent for treating hand lesions	Best for treating around the mouth, ok for hands
+++ Thick	No smell, very smooth preferred by teens	Least expensive	Doesn't sting Doesn't wash off	Safe to eat, doesn't sting
Unscented	More expensive	May stain clothes Warm/sticky-summer	Unclear long-term safety re accidentally eating	May stain clothes
450ml= $21	453ml=$25	375ml=$5	100grams=$9	40g=$13

YouTube CA
Search
Caregiver Education of
Atopic Dermatitis in Children
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0:06 / 5:40
HD

Atopic Dermatitis Action Plan

Patient's name: ______________________ Doctor's name: ______________________ Date: __________________

The Atopic Dermatitis action plan provides parents and caregivers with clear and easy-to-follow recommendations for your child's personalized treatment plan.

1. **Green** = Routine gentle daily skin care
2. **Yellow** = Mild-moderate flares
3. **Red** = Severe flares or significant impairment to quality of life

Green (Maintenance) - Routine gentle daily skin care

1. Take a warm, not hot, 5 to 10 minute bath or shower daily or every other day. A gentle cleanser can be used before gently patting dry with a towel.
2. Follow by a liberal application of a moisturizer to the entire body, ideally within minutes of bathing, and at least 1-2 times a day even without water exposure.
3. Avoid triggers including: fragrant cleansers, laundry detergents, fabric softeners/dryer sheets, harsh soaps, scratchy fabrics (E.g. wool), saliva, and overheating and sweating.
4. Watch for signs of flares, including red, itchy, dry, and flaking areas of skin.

Yellow (Caution) – Mild-moderate flares

1. Continue routine gentle daily skin care **(Green Zone)** as above.
2. Apply the topical anti-inflammatory therapy ________________ twice per day to the mildly red and itchy areas on the **face and body BEFORE** applying a moisturizer.
3. Apply the topical anti-inflammatory therapy ________________ twice per day to the moderately red and itchy areas on the **body BEFORE** applying a moisturizer.
4. If in the **Yellow Zone** for more than 1-2 consecutive weeks, you may need to see a physician every few months
5. If in the **Yellow Zone** for more frequently than every 2 weeks, apply active treatment twice per week in addition to **Green Zone** treatment.

Red (Flares) - Severe flares or significant impairment to quality of life

Continue routine gentle daily skin care **(Green Zone)** and medications for mild-moderate flares **(Yellow Zone)** as above.

1. Apply the topical anti-inflammatory therapy ________________ twice per day to severe areas on the **body** (not on face; OK to apply to open skin) **BEFORE** applying a moisturizer.

Atopic Dermatitis Action Plan

Patient's name: ______________________ Doctor's name: ______________________ Date: _________________

The Atopic Dermatitis action plan provides parents and caregivers with clear and easy-to-follow recommendations for your child's personalized treatment plan.

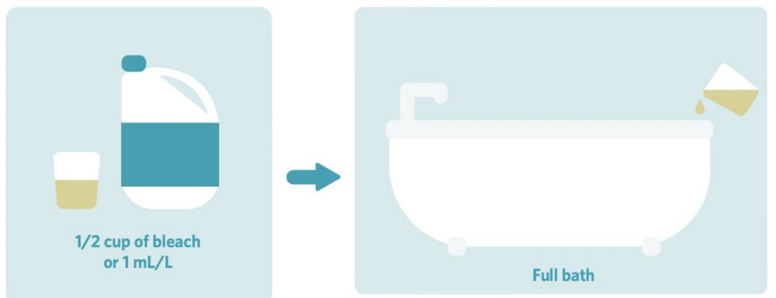
dryer sheets

URTI)

Dilute bleach bath instructions

Dilute bleach baths using ½ cup bleach* (sodium hypochlorite) per full bath, or 1 mL/L twice weekly. Patients should soak for 5 to 10 minutes and rinse off before applying a liberal amount of moisturizer.

*Store out of children's reach and use a child-proof bleach cap.



Wet wraps

Apply a topical corticosteroid (can be diluted), followed by an inner wet layer and outer dry layer of cotton gauze or garments. Leave on for 30 minutes to overnight. If eczema worsens while using wet wraps, the child should be seen by a physician the same day.

© UBC CPD

as above.

1. Apply the topical anti-inflammatory therapy ________________ twice per day to severe areas on the **body** (not on face; OK to apply to open skin) **BEFORE** applying a moisturizer.

How this has changed my practice?

- Tried to remember things….bleach bath recipe
- Maintained handouts
  - Dr Cameron’s handout in my email…which is often FULL
  - Evernote
  - Office Folders

J Med Internet Res. 2020 Jul; 22(7): e19126.
PMCID: PMC7418008
Published online 2020 Jul 27. doi: 10.2196/19126
PMID: 32716313

Information Overload in Emergency Medicine Physicians: A Multisite Case Study Exploring the Causes, Impact, and Solutions in Four North England National Health Service Trusts

Monitoring Editor: Gunther Eysenbach

Reviewed by Xinyi Lu, Yan Zhang, and Rui Guo

Laura Sbaffi, BSc, MSc, MA, DPhil,[✉][1] James Walton, BSc, MBChB, MRCEM, FRCEM,[2] John Blenkinsopp, BA (Hons),[3] and Graham Walton, BSc, MA, MBA, DPhil[4]

[1] Information School, University of Sheffield, Sheffield, United Kingdom

The volume of knowledge and capability increases faster than any individual can manage—and faster than our technologies can make manageable for us. We ultimately need systems that make the right care simpler for both patients and professionals, not more complicated.

– Dr. Atul Gawande
Surgeon, Public Health Researcher, and CEO, Health Venture by Amazon, JPMorgan, and Berkshire Hathaway[13]

3 WAYS TECHNOLOGY CAN EASE PHYSICIANS' EXTRANEOUS COGNITIVE LOAD

1. A Single Source of Truth for Communications

A major source of extraneous cognitive load is the simple-sounding but often difficult to perform task of communicating with a colleague or care team member. Physicians initiate and receive communications day in and day out, and they waste a great deal of time and experience much frustration retrieving basic information, like their colleague currently on-call, or the phone number of the specialist they wish to consult with. Contact and scheduling details that physicians can trust to be current and correct and that they can quickly access helps reduce their extraneous cognitive load.

Tuesday: Constipation

4 year old boy seen by you last year diagnosed with functional constipation. Family is back as they are still struggling. Tried PEG, but it didn't seem to work. Not sure what to do now. They would like a referral to BCCH GI to see if something else is going on.

Pediatric Gastroenterology and Endoscopy Clinic - BC Children's Hospital – Pooled Intake

Gastroenterology and Pediatrics

✔ **Accepting consultative referrals.**

Offering Virtual Care

Participates in a pooled intake.

Details:
All referrals are triaged and wait time varies depending on the reason for referral.

Any referrals for constipation or abdominal pain without red flags are to go through General Pediatrics Clinic first.

Limitations:
Patients with non-urgent issues, including constipation and/or abdominal pain without additional GI red flags (see below) are not eligible for referral. This allows us to prioritize specialist clinical resources for patients who have urgent GI concerns that require care.

Only patients under 17 years old are seen.

Areas of Practice

Gastroenterology

- **Inflammatory bowel disease**: Crohn's disease and Ulcerative colitis
- **Liver fibrosis scan (Fibroscan) - provided on site**
- **Liver medicine**: Liver transplantation medicine
- **Pediatric gastroenterology**: Consultations in-hospital for pediatric gastroenterology, Consultations in-office for pediatric gastroenterology, Pediatric colonoscopy, Pediatric gastroscopy, Pediatric inflammatory bowel disease, Pediatric liver medicine, and Pediatric manometry
- **Sigmoidoscopy**: Sigmoidoscopy - pediatric and Sigmoidoscopy - pediatric Flexible sigmoidoscopy - pediatric

Pediatrics

- **Sigmoidoscopy - pediatric**: Flexible sigmoidoscopy - pediatric

Incorrect Information? Let us know

Clinic Information

604-875-2736 For New Referrals ONLY
Fax: 604-875-3244
Website: http://www.bcchildrens.ca/our-services/clinics/gastroenterology
(Insured services)
In BC Children's Hospital
#2nd Floor, 4480 Oak Street, Vancouver, British Columbia, V6H 3N1

As of April 2023 - our division is supporting individual online case consultation through eCASE (http://www.raceconnect.ca/ecase/). You will receive a written response within 7 days and in many cases this can an alternative to a standard non-urgent referral.

This office does not accept direct calls from patients after referral to book their own appointments.

Additional information:

- BC Children's Hospital - GI Specialist Support Services & Resources
- BC Children's Hospital - Important changes to referral process

Urgent Referrals

Non-urgent cases- to be assessed and managed by referring physician
Going forward, referrals of patients who present with constipation and/or abdominal pain without additional GI red flags (see below) will no longer be accepted at our clinic. Family doctors are advised to consult with general paediatricians in their community or health authority for support. This is in line with GI specialty clinics in other Canadian provinces and will focus our resources on children who require specialist care. See information below on the educational and clinical resources available to you through BC Children's Hospital.

Red Flags
If a patient experiences abdominal pain / constipation and you identify a GI red flag(s), your patient may be eligible for specialist care. See red flags below for abdominal pain and constipation:

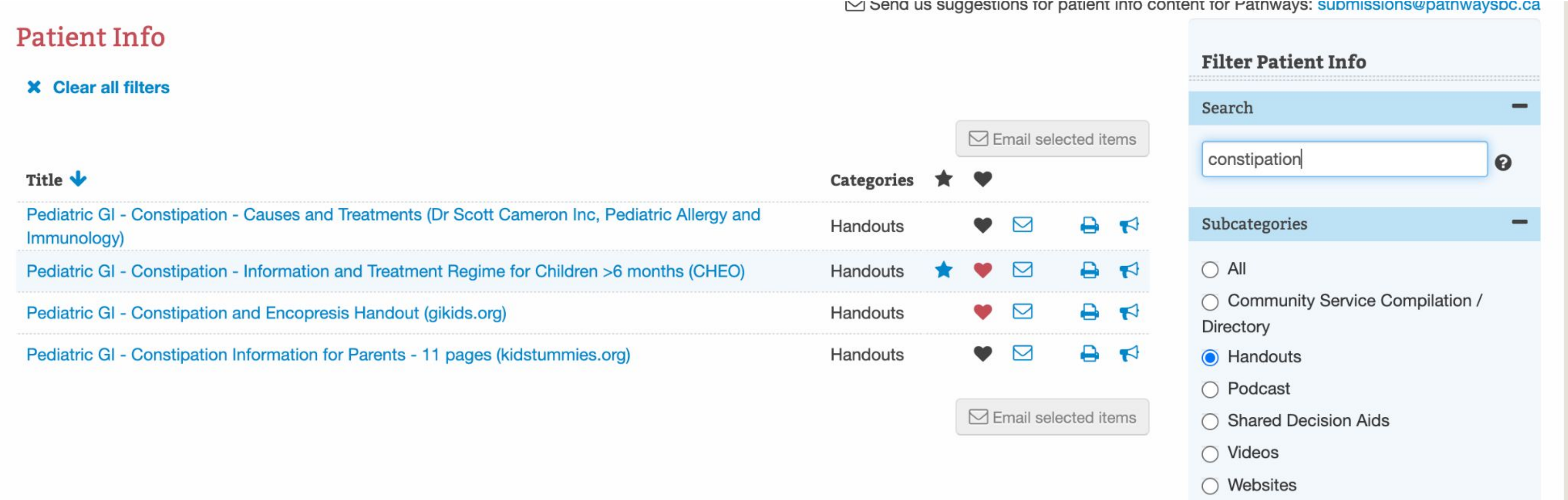
- **Abdominal pain red flags** include one or several symptoms including: involuntary weight loss, slowed linear growth or delayed puberty, difficulty swallowing/dysphagia, significant vomiting (bilious, protracted), pain away from the umbilicus, nocturnal waking, blood in stool or GI blood loss, severe diarrhea (including nocturnal), unexplained fever, joint pain or swelling, family history of Crohn's disease or colitis, hepatosplenomagly, perianal abnormalities or abnormal blood markers including anemia, increased CRP, increased tissue tranglutaminase, or elevated fecal calprotectin.

- **Constipation red flags** include one or several symptoms including: bilious emesis, bloody diarrhea, poor feeding/weight gain/weight loss, anal stenosis, lumbosacral abnormality, tight/empty rectum, perianal abscess/fistula, toe walking, or loss of bladder continence.

Please visit our website for information on how to make a referral: http://www.bcchildrens.ca/health-professionals/refer-a-patient/gastroenterology-referral.

Plan for family….

1. PEG
2. Fiber
3. Toilet Sitting



GI Kids

Constipation

What is constipation?

Constipation is defined as either a decreased frequency of bowel movements or painful passage of bowel movements. Children 1–4 years of age typically have a bowel movement 1–4 times a day. If not daily, more than 90% of children go at least every other day, although these children may be constipated. When children are constipated for a long time, they may begin to soil their underwear. This fecal soiling is involuntary – the child has no control over it.

How common is constipation?

Constipation is common in children of all ages, especially during potty training and school years. Of all visits to the pediatrician, 3% are in some way related to constipation. At least 25% of visits to a pediatric gastroenterologist are due to problems with constipation. In addition, millions of prescriptions are written every year for laxatives and stool

Why does constipation happen?

Constipation is often defined as organic or functional. Organic constipation has an identifiable cause, such as colon disease or a neurological problem. Fortunately, most constipation is functional, meaning there is no identifiable cause. Functional constipation is still a problem, but there is usually no cause for worry.

In some infants, straining and difficulties expelling an often-soft bowel movement are due to an immature nervous system and/or uncoordinated defecation. Some healthy breast-fed infants also can skip several days without having a movement.

In children, constipation can begin when there are changes in the diet or routine, during toilet training, or after an illness. Occasionally, children may hold stool when they are reluctant to use unfamiliar toilet facilities. School or summer camps, with facilities that are not clean or private

GI Kids

Nutrition for Constipation in the First 12 Months

Age of child	Foods to offer	Foods to avoid
Birth–6 months	• Breast milk or infant formula	• Do not switch to a low-iron formula; ask your doctor or dietitian before making any formula changes
6–8 months	• Continue breast milk or infant formula • Can start sips of water from a cup; this does not replace breast milk or infant formula • 0.5 – 1 ounce of undiluted prune, pear, or apple juice • High-fiber strained fruits and vegetables: apricots, prunes, peaches, plums, spinach, sweet potatoes, and carrots	• Do not give cereal in a bottle unless directed by healthcare provider • Avoid large quantities of: • Low-fiber cereal (rice)

8–12 months	• Continue breast milk or infant formula
	• Can offer 1–2 ounces undiluted prune, pear, or apple juice
	• Add mashed foods, such as cooked beans; offer high-fiber solids 3 times per day
	• Add finger foods to diet:
	  • Whole wheat toast, crackers
	  • Cooked whole wheat noodles, cooked brown rice
		• Avoid large quantities of:
		  • Low-fiber grains (white rice, white bread, white pasta, puffs)
		  • Fruit juices
		• Do not start dairy milk until child is 1 year old

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GI Kids

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8–12 months	• Continue breast milk or infant • Can offer 1–2 ounces undilute • Add mashed foods, such as co solids 3 times per day • Add finger foods to diet: • Whole wheat toast, cracke • Cooked whole wheat nood

Ways to incorporate fiber at meal and snack times:

Meal	Choose
Breakfast	• Original rolled oats instead of instant oats • Whole grain cereals or bran • Add sliced apples, peaches, or berries to cereal or oatmeal; keep the skin on for extra fiber • Whole wheat flour when making muffins, pancakes, and waffles
Lunch and dinner	• Brown or wild rice instead of white rice • Whole wheat breads for sandwiches • Whole wheat pasta instead of white pasta • Add vegetables to pizza, tacos, and pasta • Add beans to soups
Snacks	• Popcorn, whole grain pretzels, whole grain fruit and granola bars, and whole grain crackers • Dried fruit (prunes, raisins, and cranberries) • Add fruits and vegetables to smoothies • Puree black beans or chickpeas to make dips

Choose high-fiber fruits and vegetables at all meal times:

- Eat raw fruits and vegetables with the skin on.
- Choose fresh fruits and vegetables instead of juices.
- Fruits, including green kiwis, dates, figs, pears, apples with skin, prunes, and raisins are helpful for constipation management.

Reading food labels:

Nutrition Facts

8 servings per container

Serving size	**2/3 cup (55g)**
Amount per serving	
Calories	**230**
	% Daily Value*
Total Fat 8g	**10%**
Saturated Fat 1g	**5%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 160mg	**7%**
Total Carbohydrate 37g	**13%**
Dietary Fiber 4g	**14%**
Total Sugars 12g	
Includes 10g Added Sugars	**20%**
Protein 3g	**10%**
Vitamin 2mcg	10%
Calcium 260mg	20%

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Water Tracker

Cups	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Mon														
Tue														
Wed														
Thu														
Fri														
Sat														
Sun														

Drink your water!

Guidelines by age *(1 cup = 8 oz)*:

1 – 3 years: 5–6 cups/day (45–50 oz **9–13 years:** males, 10 -11 cups/day (80-85 oz); females, 8 - 9 cups/day (70 - 75 oz)
4 – 8 years: 7–8 cups/day (55–60 oz) **14 –18 years: males**, 12-14 cups/day (96-112 oz); females, 9 –10 cups/day (72–80 oz)

Total Carbohydrate 37g	13%
Dietary Fiber 4g	**14%**
Total Sugars 12g	
Includes 10g Added Sugars	**20%**
Protein 3g	**10%**
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Calcium 260mg	20%

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Guide

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Dietary Fibe	
Total Sugars	
Includes 10g Added Sugars	**20%**
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Calcium 260mg	20%

Toilet Training Tips

18 months

- Begin identifying toileting with appropriate words: "poop," "pee," "potty," or whatever words you determine fit your family.
- Make diaper-changing a pleasant experience.
- Encourage your child to come to you when the diaper is wet or soiled—this will enforce "staying dry" as good.
- Avoid using negative terms, such as "yucky" or "nasty," to describe bowel movements. Instead, say, "You are wet, we need to change you," or "Your pants are soiled, and we need to fix that."
- Point out that everyone has to potty.
- Model appropriate toileting behavior for your child—letting them see you use the restroom is part of toilet training.

21 months

- Identify an appropriate potty chair, and explain that it belongs to your child and is special.
- Practice sitting on the toilet while your child sits on the potty chair.
- Start to develop the prerequisite skills for toilet training: sitting for up to 2–3 minutes, following directions, getting on and off the toilet, and raising and lowering pants and underwear.

2.5 - 3 years

- Use toileting tools, books, and videos to teach the components of toilet training.
- Have your child potty-train a doll or stuffed animal.
- Begin talking about wearing underwear—it is "special" and a "privilege."
- Begin practice runs to the potty—do this when you begin to see signs of needing to use the bathroom.
- Encourage sitting on the potty for about 1 minute at a time.
- Dress your child in clothing they can easily pull up and down.
- Optimal practice times are about 30 minutes after meals and after naps.

Bowel Management Tool

GI Kids

WEEK ____________________

AM (morning)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Sit on toilet							
Bowel movement							
Accident code							
Accident timing							
Osmotic laxative							
Stimulant laxative							
Rectal therapy							
PM (afternoon)	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Sit on toilet							
Bowel movement							
Accident code							
Accident timing							
Osmotic laxative							
Stimulant laxative							
Rectal therapy							

Bristol Stool Chart

Type	Description
Type 1	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped but lumpy
Type 3	Like a sausage but with cracks on the surface
Type 4	Like a sausage or snake, smooth and soft
Type 5	Soft blobs with clear-cut edges

Instructions:

Use check marks to indicate daily toilet sitting whenever this occurs (morning= anytime prior to 12pm noon. Evening= anytime after 12pm noon)

Please mark bowel movements when they occur using the numbers (1-7) indicated by stool consistency on the provided Bristol Stool Chart Please indicate any accident should one occur with the following codes: S= streak or smear or the corresponding numbers (1-7) indicated by stool consistency on the Stool Chart

Briefly describe details of accident timing (ie: playing, in a car, at school, etc)

Indicate the medications used (if any):

Osmotic laxatives: Polyethelene glycol (PEG 3350) measured in teaspoon increments or

Nutritio
in the

Age of child	Foods to offer
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14

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- Begin practice runs to the potty—do this when you begin to see signs of needing to use the bathroom.
- Encourage sitting on the potty for about 1 minute at a time.
- Dress your child in clothing they can easily pull up and down.
- Optimal practice times are about 30 minutes after meals and after naps.

CHEO

WHAT YOU NEED TO KNOW: CONSTIPATION

What is constipation?

Constipation is when stool builds up in the bowels and causes discomfort. **It can happen even if a child has a bowel movement (BM, stool or poop) every day.** You might feel a little embarrassed about this, but constipation happens to most children at some point. The good news is that constipation is rarely caused by a serious illness.

By the time you notice symptoms, constipation has usually been a problem for a while, and may take months to get better. Having a large amount of stool in the bowels causes them to become larger than normal, making it harder for the bowel muscles to empty stool. The bowel will get back to a more normal size if the stool is cleared and doesn't build up again over the next 3-6 months.

A child or youth with constipation may:

- have stool that is hard or painful to pass
- have very large stool (sometimes needing a plunger to flush)
- have stool that is type 1, 2 or 3 on the Bristol stool chart
- suffer with stomach pain or cramps (these can be severe)
- have trouble passing urine (going pee)
- need to pass urine (go pee) more often
- have blood in their stool
- have problems with behaviour
- have stool that leaks into their underwear
- have problems with behaviour

Bristol stool chart

Looks like	Description
	Type 1: separate hard lumps like nuts (hard to pass)
	Type 2: sausage-shaped but lumpy
	Type 3: like a sausage but with cracks on its surface
	Type 4: ideal consistency,

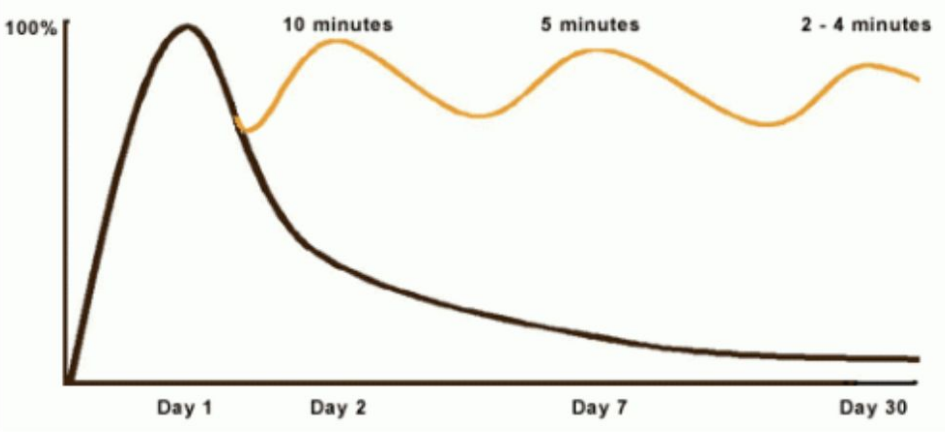
How has this changed for patients?

Benefits of emailed information

Emailing Resources

Spoken information recalled 14% of the time

Kessels et al, 2003



Wednesday: ADHD Case

13 year old female presents to your office with concerns for ADHD. She read about it online and feels that she likely has ADHD. She struggles to retain information in class, does not understand what is asked of her and “has always been a day dreamer”. Her exam is normal. No significant family history. Mom completed SNAP 26 checklists which do not meet criteria and you don’t have any information from the school. They really want to try medication for ADHD.

ADHD Case

What you might want to do….

1. Get more information: school questionnaire and SNAP, report cards
2. Provide Education
3. Discuss options for medications
4. Get some advice from another provider

How I used to do this

1. Print out questionnaires, scan them in, score them

2. Maintain a list of resources provided as printout or own website

3. Talk about side effects….maybe jot down some notes for family to share with other caregivers

4. Send a referral letter

1. Sending Questionnaires

Barriers to schools returning them

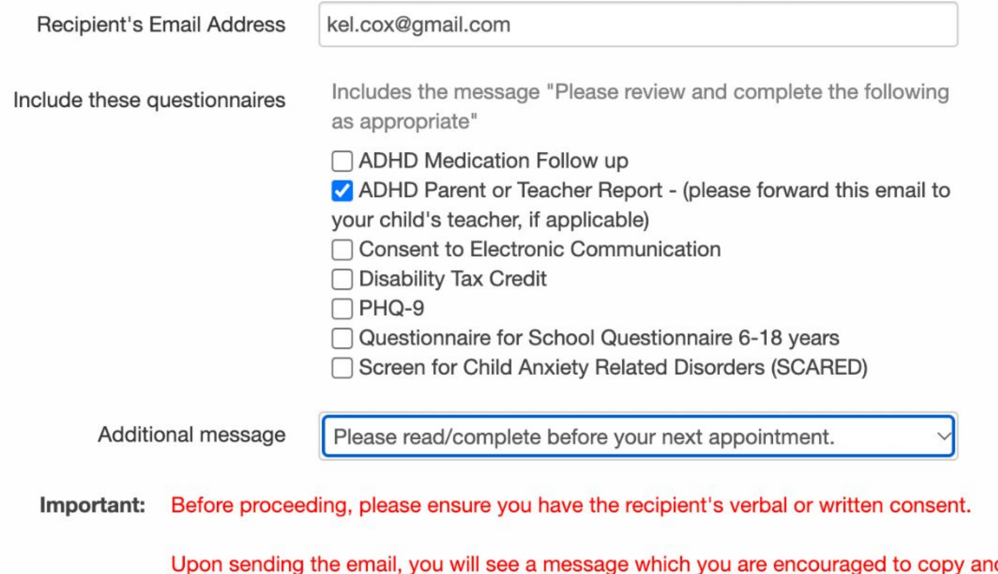
- No fax
- Not comfortable giving them to the family
- Lost en route
- Not in chart when you need them

Send an Email

You are about to email a link to:

- ADHD - SNAP IV Teacher & Parent Rating Scale 26 (CADDRA)

Please note that the recipient's email address is not stored by Pathways, nor will it be used again for any purpose. The email will be sent to the recipient from **noreply@pathwaysbc.ca** and will not expose your email address to the recipient. Note that anyone with access to this recipient's email will be able to visit this link and see the content it contains.



Recipient's Email Address: kel.cox@gmail.com

Include these questionnaires

Includes the message "Please review and complete the following as appropriate"

- [ ] ADHD Medication Follow up
- [x] ADHD Parent or Teacher Report - (please forward this email to your child's teacher, if applicable)
- [ ] Consent to Electronic Communication
- [ ] Disability Tax Credit
- [ ] PHQ-9
- [ ] Questionnaire for School Questionnaire 6-18 years
- [ ] Screen for Child Anxiety Related Disorders (SCARED)

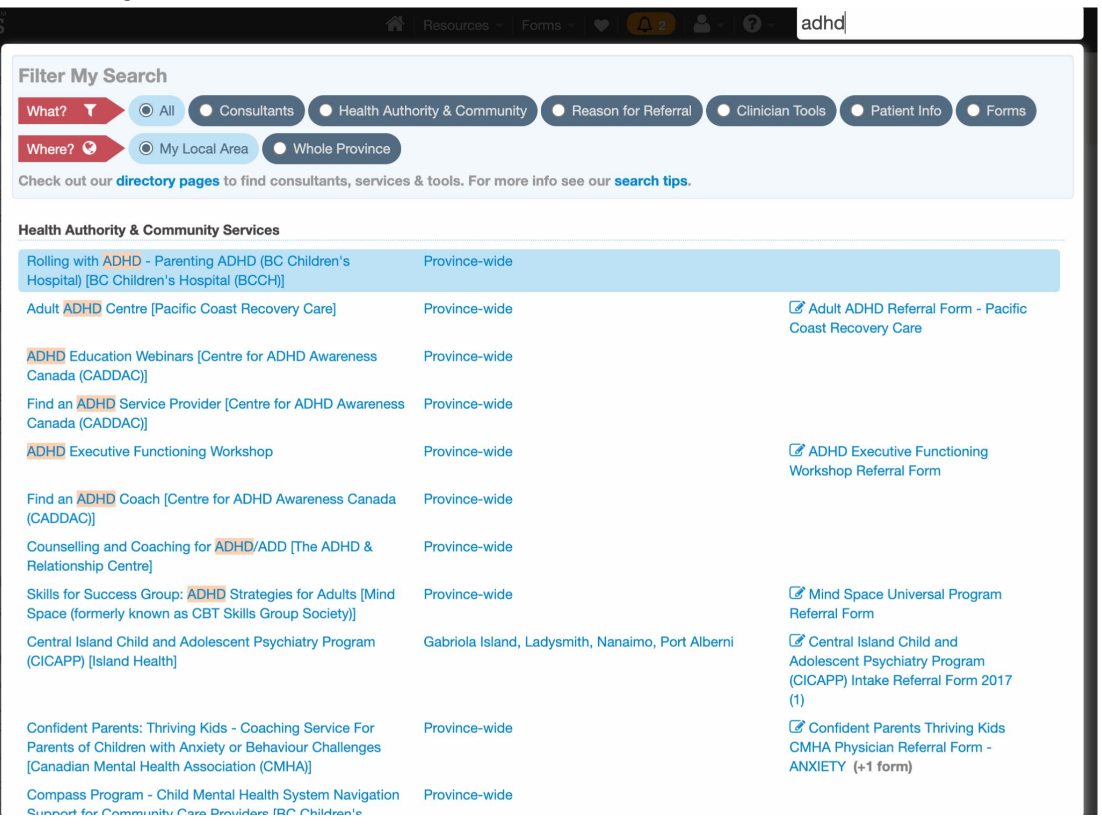
Additional message: Please read/complete before your next appointment.

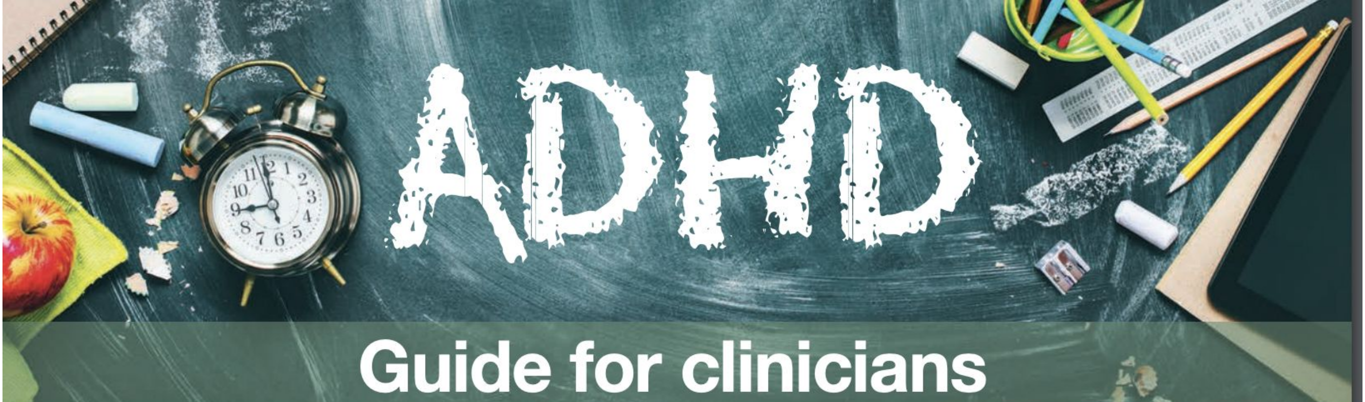
Important: Before proceeding, please ensure you have the recipient's verbal or written consent.

Upon sending the email, you will see a message which you are encouraged to copy and paste into your record. Pathways will not save this message.

Email to recipient | Cancel

2. ADHD: Psychoeducation





Non-pharmacological interventions

Current guidelines on attention deficit hyperactivity disorder (ADHD) recommend including non-pharmacological interventions as part of treatment planning for children and adolescents with ADHD. Some evidence-based interventions, such as organizational skills training, have specific indications. Others, such as exercise, have a wide range of benefits.

Recommendations for non-pharmacological intervention should be:

individualized,

based on specified treatment goals,

made following a thorough evaluation of comorbid conditions,

For more information

The Canadian Paediatric Society's Mental Health and Developmental Disabilities Committee has developed three position statements to help paediatricians and family physicians diagnose and treat children and youth with attention deficit hyperactivity disorder. (1-3)

References

1. Canadian Paediatric Society, Mental Health and Developmental Disabilities Committee (principal authors: Stacey A. Bélanger, Debbi Andrews, Clare Gray, Daphne Korczak). ADHD in children and youth: Part 1—Etiology, diagnosis and comorbidity. *Paediatr Child Health*. 2018;23(6):447-53.
2. Canadian Paediatric Society, Mental Health

3. Medication Information Handouts

Medication - ADHD - Methylphenidate (Biphentin®) (BC Children's Kelty Mental Health Resource Centre)

Medication - ADHD - Methylphenidate (Biphentin®) (BC Children's Kelty Mental Health Resource Centre)

Topics

- ADHD
- Medication

Incorrect Information? Let us know

Methylphenidate (Biphentin®)

Methylphenidate (Biphentin®) belongs to a group of medications called stimulants.

What is this medication used for?

Health Canada has approved methylphenidate for use in children and adolescents age 6 years and older. It can help improve mental and behavioural symptoms of attention-deficit/ hyperactivity disorder (ADHD), including difficulties paying attention, impulsive behaviour and hyperactivity.

Sometimes, methylphenidate is also used for other reasons. When potential benefits outweigh risks, methylphenidate may be prescribed "off-label." Learn more about off-label medication use:

http://bit.ly/KMH-off-label-use

Tell your doctor or pharmacist if you:

- Have allergies or bad reactions to a medication
- Take (or plan to take) other prescription or non- prescription medications, including over-the-counter and natural medicines). Some medications interact with methylphenidate. Your doctor may adjust medication doses or monitor for side effects
- Have a history (or family history) of heart disease, heart abnormalities or irregular heartbeat
- Have a history (or family history) of seizures, anxiety, bipolar disorder, thyroid disease or glaucoma
- Miss a menstrual period, are pregnant, breast-feeding or planning a pregnancy
- Use alcohol or drugs. Taking methylphenidate together with certain substances may cause a bad reaction. Learn more at www.DrugCocktails.ca

When will the medication start to work?

You (or your family members) may notice improvements within the first couple of days of starting methylphenidate. However, symptoms of ADHD will only improve when there is enough medication in the body. Once the medication wears off at the end of a dose or at the end of the day, ADHD symptoms can return.

You and your doctor may have to adjust the timing of doses according to your needs. For example, a dose may be timed so that there is enough medication in your body for an important class or activity.

When used properly, this

Possible common or serious side effects:

Side effects may be more common when first starting a medication or after a dose increase. Talk to your doctor, nurse or pharmacist if any side effect concerns you.

- Loss of appetite or weight loss
- Nausea, vomiting, stomach ache or constipation
- Dry mouth
- Trouble sleeping
- Irritation, nervousness or feelings of agitation
- Headaches
- Increased heart rate or an uncomfortable awareness of your heartbeat

Contact your doctor immediately if you experience:

Medication Resources

MOH Provincial Academic Detailing Service (PAD).....good info!

ADHD - Medication Information (PAD)

ADHD - Medication Information (PAD)

Topics

- ADHD
- Medication

ADHD Medications: BC PharmaCare coverage

Regular Benefit Drug
minimum 1 week trial at adequate dose

methylphenidate
immediate or sustained release
Ritalin IR generics§, Ritalin SR generics§

dextroamphetamine
immediate or sustained release
Dexedrine*, Dexedrine Spansules*, generics

If unsatisfactory trial or intolerance to EITHER class above and patient requires 12 hours of continuous medication coverage, can apply for Special Authority for a long-acting stimulant

methylphenidate
extended release
Concerta*, generics

amphetamine mixed salts
extended release
Adderall XR generics†

lisdexamfetamine
Vyvanse**

Unsatisfactory trial or intolerance defined as no demonstrated effectiveness for symptoms of ADHD or functional impairment secondary to ADHD after a minimum 1 week trial at adequate dose(s)

If unsatisfactory trial or intolerance to BOTH a methylphenidate AND an amphetamine above (at least one extended release or long acting), can apply for Special Authority for atomoxetine

atomoxetine
Strattera generics†

§Ritalin brand name no longer marketed in Canada
*Concerta and Dexedrine brand formulations reimbursed up to the cost of generic formulations
**Vyvanse capsules are Limited Coverage, chewable tablets are a Non-Benefit
†Adderall XR and Strattera brand formulations are Non-Benefits

BC PharmaCare Medication Coverage ADHD Medication Coverage

4. Referrals

Local Resources

COMPASS

ADHD Clinic at BCCH

Compass Program - Child Mental Health System Navigation Support for Community Care Providers

Child Services, Mental Health - Child & Youth, Youth Services, Pediatrics, Psychiatry: Adult, and Psychiatry: Child and Youth

Provided by **BC Children's Hospital (BCCH)**

Compass is a province-wide service for physicians and care providers to support evidence-based care to all BC children and youth (0-25) living with mental health and substance use concerns.

Compass provides support to **physicians and/or care providers** in their work with children and youth (0-25 yrs) living with mental health and substance use concerns. The compass team provides information, advice, and resources.

For more information or to send an advice request through Pathways click here

Toll Free: 1-855-702-7272
Public email: compass@cw.bc.ca
Website: http://www.bcchildrens.ca/health...
Monday to Friday, 9:00 AM. to 5:00 PM. PST

Service is available in English.

Cost: No cost

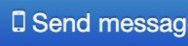
Physician Information

Average wait time from referral to appointment: Within one week

Associated Programs/Services

Compass Child and Youth Mental Health Advice Service - BC Children's Hospital ❤

Pediatrics and Psychiatry: Child and Youth



✔ **Accepting consultative referrals.**

Accepting advice requests.

Offering Virtual Care

Limitations:
Compass Mental Health is a province-wide service that was created to improve access to evidence-based care for all BC children and youth (ages 0 to 25) living with mental health and substance use concerns. The team is multidisciplinary and includes psychiatrists and other experienced mental health clinicians.

Services include telephone advice and support to care providers across BC, identification and help with connection to local and online resources, virtual direct consultation when appropriate, and tailored education, including online resources, webinars and outreach education.

The service is available to **a variety of community care providers working such as primary care providers, specialist physicians, CYMH clinicians, Foundry clinicians, and concurrent disorders/substance-use clinicians.**. The multidisciplinary team includes child and youth psychiatrists, mental health and substance use clinicians (social workers, nurses, psychologists, etc.) and a care coordinator.

When you call for a consultation, you'll have access to a multi-disciplinary team who can offer:

- Telephone advice and support
- Identification and help with connection to local & online resources

Send request to: Compass Child and Youth Mental Health Advice Service - BC Children's Hospital

Your Information

Full Name *

Your name for identification in the request text message.

Billing Number *

Your billing number, which will be included in the request.

Personal cell phone number *

Your phone number, which will be included in the request.
Phone numbers must be in this format: xxx-xxx-xxxx.

Fax number

Your **optional** fax number, which will be included in the request. Phone numbers must be in this format: xxx-xxx-xxxx.

Preferred callback date/time

Optional preferred date/time to receive a callback (i.e. days of the week and preferred times during those days).

Remember details ☑

Save my name, phone number, fax number and billing number so I do not have to enter them for future requests

Request Details

Message *

Service Details and Requirements

Provides advice exclusively; does not offer clinical services.

Advice response time: within 48 hours.

Please include the following information when sending an advice request:
Please include preferred times for callback.

Advice requests accepted via:

- **Pathways message**
- **Phone** 1-855-702-7272

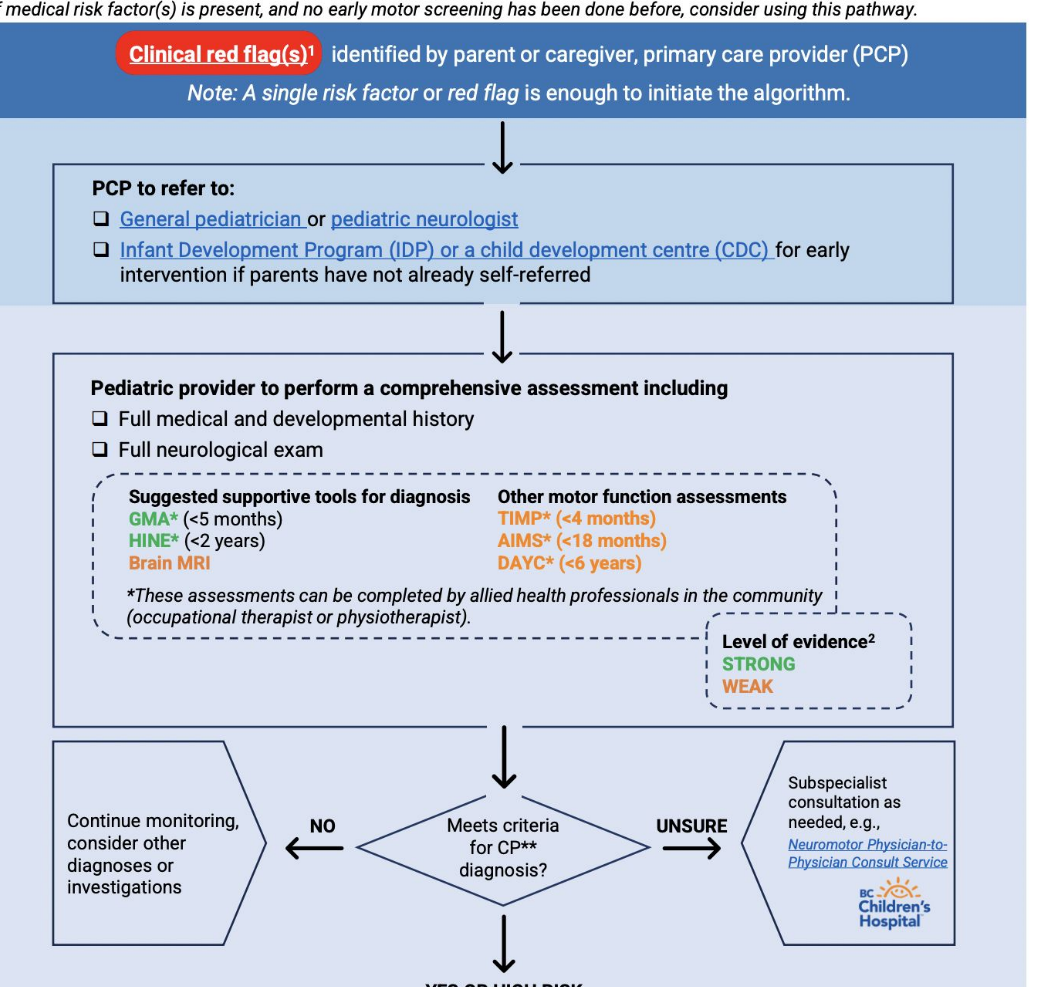
Tracy to discuss messaging….

Thursday: Query CP

9 month old referred to your office for early handedness. Shows preference to use right hand since 6 months of age. She doesn't use her left hand very much. She was born early at 32 weeks and cared for in your local NICU with typical issues for her GA. You are feeling nervous about assessing her for CP. The family comes in with an General Movement Assessment (GMA) from their local child development centre.

BC Cerebral Palsy Community Diagnostic Care Pathway

If medical risk factor(s) is present, and no early motor screening has been done before, consider using this pathway.



New Peds Landing Page

- New Care pathways highlighted
- Information for all BC peds
- Home for BCPS resources

On call Friday

Called at 9pm from an outlying hospital, they have an agitated youth that they need sedation for……

Child Health BC Provincial Least Restraint Guideline - Hierarchy of Safety - Injectables, Restraints, Seclusion, etc. (CHBC)

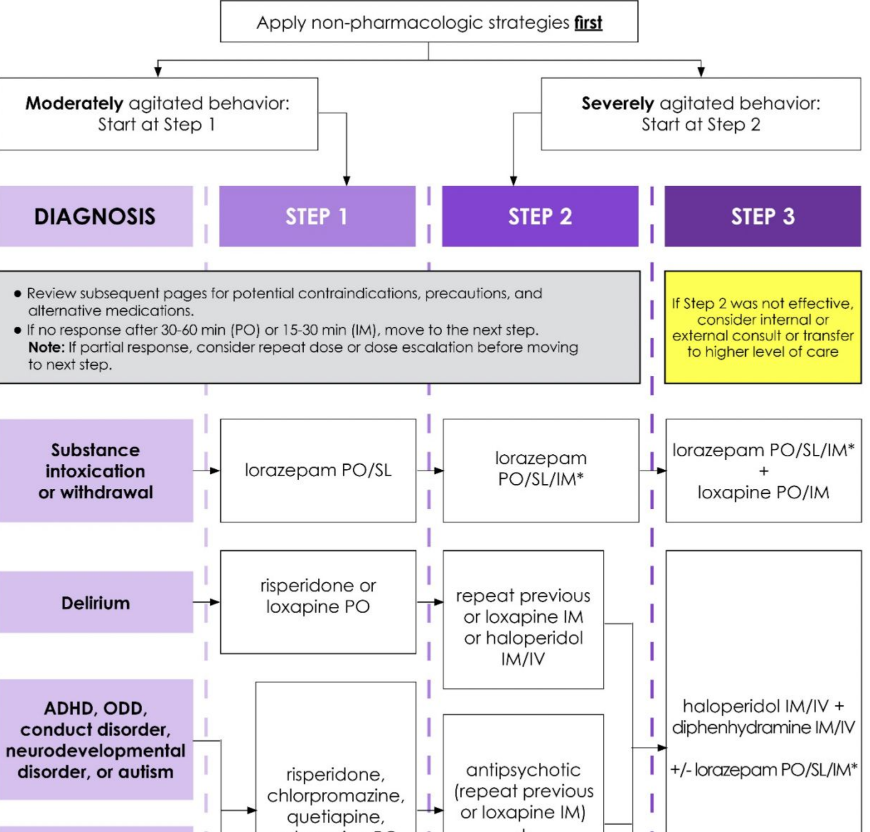
Child Health BC Provincial Least Restraint Guideline - Hierarchy of Safety - Injectables, Restraints, Seclusion, etc. (CHBC)

Incorrect Information? Let us know

Child Health BC Provincial Le... n, etc. (CHBC)

Child Health BC Provincial Least Restr...

Incorrect Information? Let us know



Questions?

Follow up Ideas

Resource you want to see on pathways - email

Questions about navigating pathways

Ideas about how pathways might better serve consultant pediatricians -

Other things I love on Pathways

Migraine

References

J R Soc Med. 2003 May; 96(5): 219–222.
Patients' memory for medical information Roy P C Kessels, PhD