Overview of the ADHD Care Process

1. 4- to 18-y-old patient identified with signs or symptoms suggesting ADHD
   Symptoms can come from parents’ direct concerns or the mental health screen recommended by the TFOMH
   See TFOMH Algorithms
   See action statement 1

2. Perform Diagnostic Evaluation for ADHD and Evaluate or Screen for Other/Coexisting Conditions:
   See action statements 2-3

3. DSM-IV diagnosis of ADHD?
   Yes
   Coexisting conditions?
   Yes
   Exit this guideline. Evaluate or refer, as appropriate. Identify the child as CYSHCN if appropriate.
   No
   Coexisting conditions?
   Yes
   Provide education to family and child re: concerns (eg, triggers for inattention or hyperactivity) and behavior-management strategies or school-based strategies
   No
   Provide education of family and child (parents, guardian, other frequent caregivers): • Concerns • Validated ADHD instrument • Evaluation of coexisting conditions • Report on how well patients function in academic, work, and social interactions • Academic records (eg, report cards, standardized testing, psychoeducational evaluations) • Administrative reports (eg, disciplinary actions)

4. Coexisting conditions?
   Yes
   Assess impact on treatment plan
   Further evaluation/referral as needed
   No
   Provide education to family and child re: concerns (eg, triggers for inattention or hyperactivity) and behavior-management strategies or school-based strategies

5. Other condition?
   Yes
   Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
   Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
   No
   Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
   Identify child as CYSHCN
   Collaborate with family, school, and child to identify target goals.
   Establish team including coordination plan
   See action statement 3

6. DSM-IV diagnosis of ADHD?
   Yes
   Other condition?
   Yes
   Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
   Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
   No
   Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
   Identify child as CYSHCN
   Collaborate with family, school, and child to identify target goals.
   Establish team including coordination plan
   Exit this guideline.
   See action statement 4

7. DSM-IV diagnosis of ADHD?
   No
   Other condition?
   Yes
   Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
   Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
   No
   Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
   Identify child as CYSHCN
   Collaborate with family, school, and child to identify target goals.
   Establish team including coordination plan
   Exit this guideline.
   See action statement 4

8. Coexisting conditions?
   Yes
   Provide education to family and child re: concerns (eg, triggers for inattention or hyperactivity) and behavior-management strategies or school-based strategies
   No
   Coexisting disorder, preclude primary care management?
   Yes
   Follow-up and establish co-management plan
   See TFOMH Algorithms
   No
   Provide education of family and child (parents, guardian, other frequent caregivers): • Concerns • Validated ADHD instrument • Evaluation of coexisting conditions • Report on how well patients function in academic, work, and social interactions • Academic records (eg, report cards, standardized testing, psychoeducational evaluations) • Administrative reports (eg, disciplinary actions)

9. Coexisting disorders, preclude primary care management?
   Yes
   Follow-up and establish co-management plan
   See TFOMH Algorithms
   No
   Provide education to family and child (parents, guardian, other frequent caregivers): • Concerns • Validated ADHD instrument • Evaluation of coexisting conditions • Report on how well patients function in academic, work, and social interactions • Academic records (eg, report cards, standardized testing, psychoeducational evaluations) • Administrative reports (eg, disciplinary actions)

10. Apparent typcial or developmental variation?
    Yes
    Provide education addressing concern (eg, expectations for attention as a function of age)
    Enhanced Surveillance
    No
    DSM-IV diagnosis of ADHD?
    Yes
    Other condition?
    Yes
    Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
    Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
    No
    Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
    Identify child as CYSHCN
    Collaborate with family, school, and child to identify target goals.
    Establish team including coordination plan
    Exit this guideline.
    See action statement 4

11. Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
    Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
    No
    DSM-IV diagnosis of ADHD?
    Yes
    Other condition?
    Yes
    Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
    Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
    No
    Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
    Identify child as CYSHCN
    Collaborate with family, school, and child to identify target goals.
    Establish team including coordination plan
    Exit this guideline.
    See action statement 4

12. DSM-IV diagnosis of ADHD?
    Yes
    Other condition?
    Yes
    Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
    Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
    No
    Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
    Identify child as CYSHCN
    Collaborate with family, school, and child to identify target goals.
    Establish team including coordination plan
    Exit this guideline.
    See action statement 4

13. DSM-IV diagnosis of ADHD?
    No
    Other condition?
    Yes
    Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
    Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
    No
    Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
    Identify child as CYSHCN
    Collaborate with family, school, and child to identify target goals.
    Establish team including coordination plan
    Exit this guideline.
    See action statement 4

14. DSM-IV diagnosis of ADHD?
    Yes
    Other condition?
    Yes
    Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
    Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
    No
    Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
    Identify child as CYSHCN
    Collaborate with family, school, and child to identify target goals.
    Establish team including coordination plan
    Exit this guideline.
    See action statement 4

15. DSM-IV diagnosis of ADHD?
    No
    Other condition?
    Yes
    Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
    Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
    No
    Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
    Identify child as CYSHCN
    Collaborate with family, school, and child to identify target goals.
    Establish team including coordination plan
    Exit this guideline.
    See action statement 4

16. DSM-IV diagnosis of ADHD?
    Yes
    Other condition?
    Yes
    Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
    Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
    No
    Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
    Identify child as CYSHCN
    Collaborate with family, school, and child to identify target goals.
    Establish team including coordination plan
    Exit this guideline.
    See action statement 4

17. DSM-IV diagnosis of ADHD?
    No
    Other condition?
    Yes
    Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
    Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
    No
    Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
    Identify child as CYSHCN
    Collaborate with family, school, and child to identify target goals.
    Establish team including coordination plan
    Exit this guideline.
    See action statement 4

18. DSM-IV diagnosis of ADHD?
    Yes
    Other condition?
    Yes
    Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
    Provide education of family and child re: concern (eg, triggers for inattention or hyperactivity) and behavior management strategies or school-based strategies
    No
    Inattention and/or hyperactivity/impulsivity problems rising to DSM-IV diagnosis
    Identify child as CYSHCN
    Collaborate with family, school, and child to identify target goals.
    Establish team including coordination plan
    Exit this guideline.
    See action statement 4

TFOMH indicates Task Force on Mental Health; CYSHCN, child/youth with special health care needs.

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QuiIN
Quality Improvement Innovation Network

NICHQ
National Initiative for Children’s Healthcare Quality