

# DOWN SYNDROME HEALTH CARE GUIDELINES

(Based on 1999 Down Syndrome Health Care Guidelines)\*

## Infant (1-12 Months)

- < General neurological, neuromotor and musculoskeletal examination.
- < TSH and T4-Thyroid Function Test (6 & 12 months).
- < Evaluation by pediatric cardiologist including echocardiogram (if not done at birth). Consider progressive pulmonary hypertension if VSD or atrioventricular septal defect and little or no symptoms of heart failure.
- < Subacute bacterial endocarditis prophylaxis (SBE) (as indicated).
- < Well child care - immunizations.
- < Feeding consult, especially if constipated. Consider Hirschsprung disease.
- < Auditory brainstem response (ABR) or otoacoustic emission (OAE) test to assess congenital sensorineural hearing (by 3 months if not already, or if suspicious).
- < Ear, nose and throat exam (as needed), especially if suspicious of otitis media.
- < Well-balanced, high-fiber diet.
- < Vision exam (by 6 months and annually; earlier if nystagmus, strabismus or indications of poor vision).
- < Discuss Early Intervention and refer for enrollment in local program.
- < Application for Supplemental Security Income (SSI), depending on family income.
- < Consider estate planning and custody arrangements; continue family support.



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