

## Down Syndrome Checklist AGES 13-21 YEARS

(Indicate the Date of each Evaluation)

MEDICAL EVALUATION	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years	21 years
(Enter date each is completed)	Date:								
Establish optimal dietary and physical exercise patterns.									
Review growth using Down syndrome-specific growth charts, when available, from the Centers for Disease Control at www.cdc.gov/growthcharts. Use BMI, Ht/Wt assessments.									
Consider referral to dietitian, particularly for those who are "overweight" or "obese."									
Review developmental status.									
Behavioral audiogram, if normal ear-specific hearing has been established.									
Refer to pediatric ophthalmologist or an ophthalmologist with experience with Down syndrome (Every 3 years).									
Referral to/continue with physical, occupational, speech therapy, as indicated.									
LABORATORY EVALUATION	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years	21 years
(Enter date each is completed)	Date:								
Annual hemoglobin; serum ferritin & CRP/RHC if risk for iron deficiency or Hgb <11 g.									
TSH & free T4.									
ONGOING MONITORING - ASSESS DURING ANY VISIT	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years	21 years
(Enter date each is completed)	Date:								
If congenital heart disease, monitor for signs and Sx of CHF									
Assess for celiac disease, obtain tissue transglutaminase IgA and quantitative IgA if symptomatic.									
Assess for OSA, ENT referral if symptomatic.									
If myopathic signs or symptoms, obtain neutral position spine films. If normal, obtain flexion and extension films. Refer to pediatric neurosurgeon or orthopedic surgeon with expertise in treating atlanto-axial instability.									
ANTICIPATORY GUIDANCE - ADDRESS DURING ANY VISIT:	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years	21 years
(Enter date each is completed)	Date:								
Discuss complementary and alternative therapies.									<u> </u>
Discuss cervical spine positioning, risk of some sports.									
Review signs and symptoms of myopathy.									
Discuss dermatologic issues.									
Only professionally supervised trampoline use after 6 years old.									
Review parental concerns, assess the emotional status of parents and intra-familial relationships.									
Discuss menstrual hygiene management.									
Discuss behavioral and social progress.									



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Discuss self-help skills, ADHD, OCD, wandering off, school transition.					
Discuss physical and psychosocial changes though puberty, need for gynecologic care in the pubescent female.					
Discuss sexual development and behaviors, contraception, sexually transmitted diseases, recurrence risk for offspring.					
Facilitate transition: guardianship, financial planning, behavioral problems, school placement, vocational training, independence with hygiene and self-care, group homes, and work settings.					

## Sources:

These guidelines are based on the Clinical Practice Guidelines of the American Academy of Pediatrics and the National Down Syndrome Society. "Health Supervision for Children with Down Syndrome" Pediatrics (Vol 128, No. 2, August 1, 2011, pp. 393-406)

"Down Syndrome Health Care Guidelines" National Down Syndrome Society