Overview of the ADHD Care Process

1. 4- to 18-yr-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

   - Family (parents, guardian, other frequent caregivers):
     - Chief concerns
     - History of symptoms (eg, age of onset and course over time)
     - Family history
     - Past medical history
     - Psychosocial history
     - Review of systems
     - Validated ADHD instrument
     - Evaluation of coexisting conditions
     - Report of function, both strengths and weaknesses

   - School (and important community informants):
     - 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)

   - Child/adolescent (as appropriate for child's age and developmental status):
     - Interview, including concerns regarding behavior, family relationships, peers, school
     - For adolescents: validated self-report instrument of ADHD and coexisting conditions
     - Report of child's self-identified impression of function, both strengths and weaknesses
     - Clinician's observations of child's behavior
     - Physical and neurologic examination

3. DSM-IV diagnosis of ADHD?
   - Yes
   - No
   - DSM-IV diagnosis of ADHD?
     - Yes
     - No

4. Coexisting conditions?
   - Yes
   - No

5. Assess impact on treatment plan Further evaluation/referral as needed

6. Other condition?
   - Yes
   - No

7. Inattention and/or hyperactivity/impulsivity problems not rising to DSM-IV diagnosis
   - Yes
   - No

8. Provide education to family and child re: concerns (eg, triggers for inattention or hyperactivity) and behavior-management strategies or school-based strategies
   - Yes
   - No

9. Coexisting disorder; preclude primary care management?
   - Yes
   - No

10. Apparently typical or developmental variation?
    - Yes
    - No

11. Provide education addressing concern (eg, expectations for attention as a function of age) Enhanced Surveillance
    - Yes
    - No

12. Establish Management Team
   - Identify child as CYSHCN
   - Collaborate with family, school, and child to identify target goals.
   - Establish team including coordination plan

13. Follow-up and establish co-management plan See TFOMH Algorithms

14. Option: Medication (ADHD only and past medical or family history of cardiovascular disease considered)
    - Initiate treatment
    - Titrate to maximum benefit, minimum adverse effects
    - Monitor target outcomes

15. Option: Behavior management (developmental variation, problem or ADHD)
    - Identify service or approach
    - Monitor target outcomes

16. Option: Collaborate with school to enhance supports and services (developmental variation, problem, or ADHD)
    - Identify changes
    - Monitor target outcomes

17. Reevaluate to confirm diagnosis and/or provide education to improve adherence. Reconsider treatment plan including changing of the medication or dose, adding a medication approved for adjuvant therapy, and/or changing behavioral therapy.

18. Follow-up for chronic care management at least 2x/year for ADHD issues

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

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Caring for Children With ADHD: A Resource Toolkit for Clinicians, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.