

**Lakeland Care**  
**PROTOCOL ORDERS**  
***Pediatric ADHD Protocol***

<b>Diagnosis/Chief Complaint</b>	
ADHD Ages 4-18 years old	
<b>Lab Evaluations/Results</b>	
Random drug screen performed annually.	
<b>Diagnostic Evaluation/Results</b>	
Vanderbilt patient/parent evaluation forms completed every 6 months when stabilized on medication and placed in HER system. Teacher Vanderbilt evaluation forms recommended x1 during school year. Height, weight, heart rate and blood pressure will be checked at each visit and recorded.	
<b>Plan of Care</b>	
<b>SPECIAL ATTENTION:</b> <ol style="list-style-type: none"> <li>1. A Medication Agreement will be completed by the patient and or caregiver on an annual basis</li> <li>2. Refill prescription will be limited to a 1-month supply.</li> <li>3. Patients who are on stabilized dosage of medication should be scheduled every 3 months for follow-up, or more frequently as needed.</li> <li>4. Parent/child ADHD self-management goals will be assessed and documented at each visit.</li> </ol>	
<b>Additional Care</b>	
Depression screening using PHQ 2/9 at all Wellness Visits	
<b>Approval/Signatures</b>	
<b>Physician Section Leader:</b>	<b>Date:</b>
<b>Medical Director:</b>	<b>Date:</b>

**DISTRIBUTION**

All recipients of this protocol must acknowledge their receipt and understanding of the protocol by referring any questions or problems with the protocol within ten days of the issue date to their immediate supervisor. If no questions or problems are communicated, it will be assumed that the protocol has been read and understood. All questions regarding this protocol its implementation may be referred to the Medical Director of **practice name**

Original Date: 12-20-13

Reviewed Dates: 10-07-14; 4-17-19

Revised Dates: 3-23-16