

PCP Visit

- Screen for general behavioral health problems, [Pediatric Symptom Checklist-17](#)
- If screen is positive for attentional symptoms, conduct focused assessment with Vanderbilt or SNAP-IV
- If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment and consult with YAP-P as needed at any point

➤ Focused assessment including clinical interview (see *ADHD Clinical Pearls*) and symptom rating scales for both parent and teacher:

Parent: Vanderbilt – Initial (age <13); ADHD cut-points: 6+ “often” or “very often” on items 1-9 (inattentive) and/or 10-18 (hyperactive/impulsive)

Teacher: Vanderbilt – Initial (age <13); ADHD cut-points: 6+ “often” or “very often” on items 1-9 (inattentive) and/or 10-18 (hyperactive/impulsive); behavior cut-points: 3+ “often” or “very often” on items 19-28

SNAP-IV 26 Parent and Teacher (age <18); ADHD cut-points: 13+ for items 1-9 (inattentive) and/or 13+ for items 10-18 (hyperactive/impulsive)

Sub-clinical to mild ADHD or behavior problem: Guided self-management with follow-up

Moderate ADHD (or self-management unsuccessful): Consider medication;
Moderate ADHD with moderate behavior problem (or self-management unsuccessful): Consider medication and refer to therapy

Severe ADHD with high-risk behavior problem or other co-morbidity: Refer to specialty care for therapy and medication management until stable

FDA-Approved Medications for ADHD (age 6+)

	Starting dose	Therapeutic dose range	Duration of action
Methylphenidate			
oros methylphenidate extended release	18mg	18-54mg	<12 hrs
dexmethylphenidate extended release	5mg	5-30mg	<12 hrs
Amphetamine			
amphetamine/dextroamphetamine mixed salts extended release	5mg	5-30mg	≤12 hrs
lisdexamfetamine	20mg	20-70mg	≤12 hrs
Baseline Medical Assessment	<ul style="list-style-type: none"> • personal/family cardiovascular history • substance use history • vital signs - height, weight, pulse & blood pressure 		

Dosing: Initiation, Titration & Maintenance

➔ After 2-3 weeks on starting dose, obtain Vanderbilt Parent and Teacher Follow-Up or SNAP-IV to assess response

➔ If inattention and/or hyperactive/impulsive scores >cut-points, and impairment persists, increase dose to next step (in 18mg increments for Oros methylphenidate, 10mg increments for lisdexamfetamine and 5mg increments for other medications)

➔ After each dosage increase, obtain **Vanderbilt Parent and Teacher Follow-Up or SNAP-IV** to assess response before further dose increases

- If scores >cut-points, and impairment persists, continue to up-titrate dose stepwise every 1 month to maximum therapeutic dose as tolerated
- If scores >cut-points at maximum therapeutic dose, consider YAP-P consultation
- If scores <cut-point with mild to no impairment, remain at current dose for remainder of school year

➔ Monitor at least every 3 months for maintenance of remission, side effects, & vital signs (weight, height, BP & pulse)