FREQUENTLY ASKED QUESTIONS – HIGH RISK INFANT (HRI) CLINIC

Disclaimer: This document represents the knowledge and practice of the individual that completed this FAQ

1. **What is High Risk Infant Clinic?**

   The HRI Clinic is designed to assist families with follow-up care for infants and young children who are at high risk for developmental and neurological problems following discharge from the neonatal intensive care unit.

2. **Why do High Risk Infant Follow-up Clinics exist and how are they funded?**

   California Children's Services (CCS) is a state medical program created to treat children with physically handicapping conditions. CCS mandates that all hospitals with level III NICUs provide a means to assess and follow their high-risk infants after discharge. We are here to work with your pediatrician to provide optimal screening and follow-up referrals.

3. **What services are provided?**

   We provide ongoing evaluation of the growth and development of these high-risk infants and young children, coordinate care with your infant's pediatrician, and recommend referrals to specialty services and clinics when needed.

4. **Who is eligible for services (medical criteria, age)?**

   a. CCS mandates follow-up for certain at-risk infants, including those who:
   - Had a gestational age at birth of less than 32 weeks.
   - Had a birth weight less or equal to 1,500 grams.
   - Had cardiorespiratory depression at birth.
   - Had pH less than 7.0 on umbilical blood sample or a blood gas obtained within one hour of life.
   - Had an Apgar score of less than or equal to 3 at five minutes or less than 5 at 10 minutes.
   - Had prolonged hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.
   - Had persistent apnea that required medication (e.g., caffeine) for the treatment of apnea at discharge.
   - Required oxygen for more than 28 days of hospital stay and diagnosed with chronic lung disease.
   - Were on ECMO.
   - Received inhaled nitric oxide or were treated with other pulmonary vasodilatory medications for pulmonary hypertension.
   - Congenital heart disease requiring surgery or minimally invasive intervention
   - Had or have documented seizure activity.
   - Documented sepsis
   - Had or have documented brain injury or intracranial pathology (IVH Grade II or worse, PVL, cerebral thrombosis, cerebral infarction or stroke, CNS abnormality other problems associated with adverse neurologic outcomes).
   - Had or have other problems that could result in neurologic abnormalities.

   b. At UC San Diego Health, we also see infants who:
   - Had a gestational age at birth less than 34 weeks.
   - Had intra uterine growth restriction/small for gestational age with birth weight less than tenth percentile.
   - Had intra uterine exposure to alcohol.
   - Had intra uterine exposure to marijuana/cannabinoids, methamphetamine, cocaine, opiates/narcotics and/or prescription medication(s) known to have potential risks (i.e., psychotropic and anti-seizure medications).
   - Had other teratogen exposure.

- Multiple congenital anomalies or genetic disorders that may affect developmental outcomes.
- Infants or children less than 42 months of age referred after discharge by primary care providers, public health nurses, or other community agencies due to abnormalities in development, not meeting developmental milestones, or due to neuromuscular status or other concerns.

5. **When should children be referred/seen by High-Risk Infant Follow-up programs and for how long?**
Infants are usually seen at about 6 months, 12-18 months, and one last visit after the age of 2 (use adjusted age if infant was born prematurely). Additional visits can be provided if needed.

6. **What can parents expect when they go to HRI Clinic? How long will it take? What evaluation tools are used?**
   - At each visit, the child receives a physical exam, neurological exam, and developmental assessment performed by a Pediatric Nurse Practitioner or Pediatrician. Parents have ample time to ask questions to providers. The results of the evaluation are discussed with the parents and are sent to the child's primary care provider and other community service providers as needed.
   - Evaluations take about one and a half to two hours.
   - Standardized developmental tests are administered to evaluate the child's development in the domains of motor, cognitive, and speech/language skills (The Bayley Scales of Infant Development IV; The Bayley Scales of Infant Development IV, Screening Test)
   - The MCHAT-R is administered for children between the ages of 16 to 30 months

7. **What will happen after the evaluation if needs are identified?**
Appropriate referrals/recommendations are made for physical therapy, occupational therapy, speech therapy, audiology, Early Start/Regional Center, psychological testing services, nursing, parenting education, or to other service providers.

8. **Who can refer and what is the best method of referral?**
Neonatologists, pediatricians, primary care providers, public health nurses, social workers, and other community providers can refer a child to HRI Clinic. The best method for a referral is to fax an order and provide the child's NICU discharge summary, newborn nursery discharge summary, or most recent pediatric notes.

9. **What role does the primary care pediatric provider play in referral or communication with HRI Clinic program?**
The primary care provider should refer the child to HRI Clinic if they believe the child is at risk for developmental concerns.

UC San Diego Health

Rady Children's Hospital San Diego

CONTACT INFORMATION:

UCSD:

Fax: 619-543-7543 (Please include discharge summary or most recent WCC note along with referral)

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