

	Prenatal	Birth–1 mo	1 mo–1 y	1 -5 y	5–13 y	13–21 y
Counseling regarding prenatal screening test and imaging results						
Plan for delivery						
Referral to geneticist						
Parent-to-parent contact, support groups, current books and pamphlets						
Physical exam for evidence of trisomy 21						
Chromosomal analysis to confirm dx						
Discuss risk of recurrence of Down syndrome						
Echocardiogram						
Radiographic swallowing assessment if marked hypotonia, slow feeding, choking with feeds, recurrent or persistent respiratory sx, FTT						
Eye exam for cataracts						
Newborn hearing screen and follow-up						
Hx and PE assessment for duodenal or anorectal atresia						
Reassure parents delayed and irregular dental eruption, hypodontia are common						
If constipation, evaluate for limited diet or fluids, hypotonia, hypothyroidism, GI malformation, Hirschsprung		Any Visit				
CBC to R/O transient myeloproliferative disorder, polycythemia						
Hb annually; CRP and ferritin or CHr if possible risk iron deficiency or HB <11 g.				Annually		
Hemoglobin						Annually
TSH (may be part of newborn screening)			6 and 12 mo	Annually		
Discuss risk of respiratory infection						
If cardiac surgery or hypotonic: evaluate apnea, bradycardia, oxygen desaturation in car seat before discharge						
Discuss complimentary & alternative therapies		All health maint. visits				
Discuss cervical spine positioning, especially for anesthesia or surgical or radiologic procedures		All health maint. visits				
Review signs and symptoms of myopathy		All health maint. visits				
If myopathic signs or symptoms: obtain neutral position spine and, if normal, obtain flexion & extension films & refer to pediatric neurosurgeon or orthopedic surgeon with expertise in evaluation and treating atlanto-axial instability		Any visit				
Instruct to contact physician for change in gait, change in use of arms or hands, change in bowel or bladder function, neck pain, head tilt, torticollis, or new-onset weakness				Biennially		
Advise risk of some contact sports, trampolines				All health maint. visits		
Audiology evaluation at 6 mo						
If normal hearing established, behavioral audiogram and tympanometry until bilateral ear specific testing possible. Refer child with abnormal hearing to ot				Every 6 mo		

	Prenatal	Birth–1 mo	1 mo–1 y	1 -5 y	5–13 y	13–21 y
If normal ear-specific hearing established, behavioral audiogram				Annually		
Assess for obstructive sleep apnea Sx				All health maint. visits		
Sleep study by age 4 years						
Ophthalmology referral to assess for strabismus, cataracts, and nystagmus						
Refer to pediatric ophthalmologist or ophthalmologist with experience with Down syndrome				Annually	Every 2 y	Every 3 y
If congenital hear disease, monitor for signs & Sx of Congestive heart failure		All visits				
Assess the emotional status of the parents and intrafamilial relationships		All health maint. visits				
Check for Sx of celiac disease; if Sx present, obtain tissue transglutaminase IgA & quantitative IgA				All health maint. visits		
Early intervention: physical, occupational, and speech therapy				Health maint. visits		
At 30 months, discuss transition to preschool and development of IEP						
Discuss behavioral and social progress				Health maint. visits		
Discuss self-help skills, ADHD, OCD, wandering off, transition to middle school					Health maint. visits	
If chronic cardiac or pulmonary disease, 23-valent pneumococcal vaccine at age >2 y						
Reassure regarding delayed and irregular dental eruption						
Establish optimal dietary and physical exercise patterns				Health maint. visits		
Discuss dermatologic issues with parents						
Discuss physical and psychosocial through puberty, need for gynecologic care in the pubescent						
Facilitate transition: guardianship, financial planning, behavioral problems, school placement, vocational training, independence with hygiene and self-care, group homes, work settings						Health maint. visits
Discuss sexual development and behaviors, contraception, sexually transmitted diseases, recurrence risk for offspring						Health maint. visits
		Do once at this age				
		Do if not done previously				
		Repeat at indicated intervals				

Maint. indicates maintenance; dx, diagnosis; sx, symptoms; FTT, failure to thrive; Hx, history; PE, physician examination; GI, gastrointestinal; CBC, complete blood count; R/O, rule out; Hb, hemoglobin; ot, occupational therapy; CHr, reticulocyte hemoglobin; IgA, immunoglobulin A; IEP, Individualized Education Plan; ADHD, attention-deficit/hyperactivity disorder; OCD, obsessive compulsive disorder.