When to refer a patient to the Aerodigestive Center

The Children’s Healthcare of Atlanta Aerodigestive Center is the only pediatric aerodigestive program in the Southeast with the expertise to treat children and young adults with aerodigestive issues. Our patients see an interdisciplinary team of physicians and specialists from multiple service areas who work together to provide the best possible care. Learn more about when it is appropriate to refer a patient to our center by reviewing examples of aerodigestive patient profiles on the back.

Aerodigestive patient definition:
A pediatric aerodigestive patient is a child with a combination of multiple and interrelated congenital and/or acquired conditions affecting airway, breathing, feeding, swallowing or growth that require a coordinated interdisciplinary diagnostic and therapeutic approach to achieve optimal outcomes.

Typical aerodigestive patient profile:
Aerodigestive patients have trouble swallowing, breathing or have related GI issues, in addition to respiratory symptoms. Our center brings together pediatric specialists in pulmonology, otolaryngology, gastroenterology, feeding therapy and other subspecialties to manage the care of children with a variety of disorders involving the respiratory and digestive system.

Questions about an aerodigestive patient:
Aerodigestive nurse practitioners review every referral to determine if it is appropriate for a consultation. If there is question, they may see the patient first in a nurse practitioner clinic. Following an assessment, they may proceed to a team clinic.

How to refer:
Call 404-785-DOCS (3627) if you are unsure about whether an aerodigestive referral is appropriate, and ask to speak with an aerodigestive provider. Patients can be referred to the Aerodigestive Center for consultative care or ongoing care management.
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<td>A child with a challenging airway malformation, severe sleep apnea, or with a trach who is difficult to wean or decannulate. We can evaluate for medical and/or anatomical reasons that are contributing to continued breathing problems of difficulty weaning, and provide consultation prior to airway reconstruction by our team or their primary surgeon.</td>
<td>A child with a congenital cardiac condition or tracheoesophageal malformation who also experiences airway issues, such as hypoxia, stridor or recurrent infection, and/or who has complex GI needs, such as dysphagia or requiring enteral feedings. Management by our team may reduce the risk of pulmonary hypertension and burden to the cardiac system from aerodigestive symptoms.</td>
<td>A child with dysphagia of unknown origin who shows no improvement on repeat swallow studies, or for whom there is concern for anatomic anomalies or is having increased respiratory symptoms, such as cough, stridor, pneumonias or upper respiratory infections (URIs).</td>
<td>A healthy child 12 months of age or older with moderate-to-severe gastroesophageal reflux (GERD) symptoms not fully eradicated with conventional treatment by primary GI specialist or pediatrician; or a child of any age with moderate-to-severe GERD symptoms, plus a cough, URI, lung infections, hospitalizations, failure to thrive, stridor or hypoxia.</td>
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