Down Syndrome Monitoring:

Cardiac:
- Known congenital heart disease?
- New murmur, new edema, no prior echo, or other reason for echocardiogram?

Respiratory:
- Pneumovax 23 given?
- Prevnar 13 given?
- History of hospitalization for pneumonia?
- History or symptoms of aspiration?

Hearing:
- Known hearing problem?
- Hearing exam within 2 years?

Vision:
- Known vision/eye problem?
- Eye exam within 2 years?

Thyroid:
- Known thyroid disease?
- TSH within 2 years?

OSA:
- Known OSA?
- Sleep study as a child?
- Any symptoms of OSA (snoring, daytime sleepiness, witnessed apneas)?

Dementia:
- Any recent decline in memory, function, ADLs/IADLs?

Depression:
- Current diagnosis of depression?
- Being treated with SSRI?
- Any symptoms of depression?

Osteoporosis:
- If age >40, screening DEXA done?

GI:
- Symptoms of GERD (substernal burning, throat clearing, chronic cough)?
- Symptoms of celiac disease (chronic diarrhea, poor weight gain)?
- Constipation?

Neuro:
- History of seizures?
- Any seizure-like activity?
- History or symptoms of atlanto-axial instability?

Metabolic (if on antipsychotic medication or has other indications):
- HbA1c within 1 year?
- Lipid panel within 1 year?

Leukemia, Anemia:
- History of leukemia or other blood abnormalities?
- Symptoms of leukemia or anemia (fever, weakness, fatigue, bleeding)?
Plan/Screening:

Hearing: Normal hearing. Plan for screening every 2 years.
Vision: Normal vision. Plan for screening every 2 years.
Thyroid: No known thyroid disease. Plan for TSH every 1-2 years.
OSA: No evidence of OSA. Monitor for snoring, daytime sleepiness, witnessed apneas.
Dementia: No recent cognitive or functional decline. Will monitor for evidence of decline annually after age 35.
Depression: No current diagnosis of depression. Will monitor for symptoms and plan to treat with SSRI if indicated.
Osteoporosis: Plan for DEXA scan at age 40.
GI: Regular soft bowel movements. No evidence of GERD or celiac disease. Will continue to monitor annually.
Neuro: No evidence of seizures or atlantoaxial instability. Continue to monitor for seizure-like activity or symptoms of spinal cord pathology.
Metabolic (if on antipsychotic medication or has other indications): No evidence of diabetes or dyslipidemia. Plan for annual HbA1c and lipid panel.
Leukemia, Anemia: No evidence of leukemia or anemia. Continue to monitor.