

# Madigan Army Medical Center Referral Guidelines

## Pediatric Immunodeficiency [Non-Human Immunodeficiency Virus (HIV)]

### Diagnosis/Definition

- Patients with humoral, cellular or combined immunodeficiency that is not due to HIV infection.

### Initial Diagnosis and Management

- A child should be suspected of immunodeficiency if he/she has more than 2 serious systemic infections with common bacterial pathogens (e.g., meningitis, sepsis, and overwhelming pneumonia), more than eight/year significant upper respiratory tract infections (e.g., otitis/sinusitis), recurrent soft tissue abscesses/infections, or any infection with an opportunistic or unusual pathogen.
- Children should have a thorough history and physical performed by the primary care provider to exclude anatomical causes, underlying chronic disease, or inaccurate history.

### Ongoing Management and Objectives

- CBC and differential
- HIV serology
- Quantitative immunoglobulin panel

### Indications for Specialty Care Referral

- If the history and physical taken by the primary care provider is suggestive of an immunodeficiency, and underlying causes are excluded, the patient should be referred to the Pediatric Infectious Disease (ID) clinic for an intake evaluation on a routine basis.

### Criteria for Return to Primary Care

- If the patient is determined not to be immunodeficient after consultation by Pediatric ID, then he/she will be returned to primary care without any further follow-up.
- If an immunodeficiency is identified, appropriate follow-up and management of the disorder will be provided by Pediatric ID, and routine care will remain with the primary care provider.

Last Review for this Guideline: **June 2009**  
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division  
Clinical Practice and Referral Guidelines Administrator