



Connecticut Children's Co-Management Tool-Kit

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LYME DISEASE INITIAL EVALUATION

Patient Name: _____

Patient Medical Record Number: _____

Patient DOB: _____

Age: ____ years and ____ months

Gender: Male Female

Date of Visit: ____/____/____

Accompanied by: Mom Dad Other: _____

**Connecticut Children's Medical Center
Co-Management Patient (Chart should be Flagged)**

HPI:

Duration of symptoms
(threshold less than 1 month): ____ weeks

Recent outdoor activity (camping, gardening,
playing in tall grass or woods)? Yes No

Did you note a tick on the child's skin prior
to symptoms? Yes No

Have other members of household had a
tick bite or found a tick on their body? Yes No

Systemic

Fevers? Yes No

Unusual fatigue (Less than 1 month)? Yes No

Swollen glands? Yes No

Skin:

Location of rash: _____

Appearance of rash: Annular Bull's-eye Vesicular
 Papular Hives/urticaria
 Petechial/ecchymotic

Is rash: Localized or Generalized

Pruritic? Yes No

Painful? Yes No

Feel warm? Yes No

Discharge or pus coming from rash/wound? Yes No

Neurological:

Headache? Yes No

Cranial nerve palsy? Yes No

If yes, is it a facial palsy (cranial nerve VII)? Yes No

Neck stiffness? Yes No

Visual problems (double vision, blurry vision)? Yes No

Joints:

Joint swelling? Yes No

If yes, which joint? _____

Joint redness? Yes No

Joint aches? Yes No

Cardio:

Dizziness? Yes No

Palpitations? Yes No

Chest pain? Yes No

If yes to either and patient is stable, order EKG
If yes to either and patient is not stable, ED w/
urgent cardiology consult.

Skin:

Bull's-eye rash in last year? Yes No

Family History:

Arthritis? Yes No

Lyme disease? Yes No

Autoimmune disease (JIA, Lupus)? Yes No

Migraines? Yes No

Arrhythmias? Yes No

Past medical history:

History of Lyme disease? Yes No

Prior testing for Lyme disease? Yes No

(note: labs will not be helpful for patients with history of Lyme disease)

History of arthritis? Yes No

History of meningitis or meningoencephalitis? Yes No

History of cardiac problems? Yes No

Other significant diagnoses: _____

Medication History:

Medications: _____

Physical Exam: (as appropriate)

Ht: _____ in Wt: _____ lbs (BMI _____ BMI %-ile _____)

T: _____ P: _____ BP: _____ R: _____

General/Appearance **Nl** **Abn**
 notes _____

HEENT
 notes _____

Neck
 notes _____

Nodes
 notes _____

Lungs
 notes _____

Heart
 notes _____

Abd
 notes _____

Musculoskeletal/ Joints
 notes _____

Skin
 notes _____

Neuro: General
 notes _____

Cranial Nerves
 notes _____

Other
 notes _____

Assessment:

- Early localized Lyme Disease:
 - Single typical erythema migrans rash
 - Atypical rash at site of recent tick attachment
- Early Disseminated Lyme Disease:
 - Multiple erythema migrans
 - Isolated cranial nerve 7 palsy
 - Carditis → refer to ED w/ cardiology consult
 - Meningitis → refer to ED
- Late Disseminated:
 - Arthritis
 - Concern for septic arthritis → refer to ED
- Other: _____
- None of the Above (criteria not met)

Management/Treatment:

1. Recommended Lab work and Medications

Recommended Evaluation & Treatment of Lyme Disease in Children (Adapted from the Red Book, 2009)

No lab work or meds

Disease Category	Drug(s) and Dose	✓	Recommended Labs	✓
Early localized LD 8 y of age or older	Doxycycline, 100 mg, orally, twice a day for 14-21 days. Amoxicillin, 50 mg/kg per day, orally, divided into 3 doses (max. 1.5 g/day)	<input type="checkbox"/>	• Clinical dx: no labs indicated	<input type="checkbox"/>
Younger than 8 y of age or unable to tolerate doxycycline	OR Cefuroxime, 30 mg/kg per day divided into 2 doses (maximum 1000 mg/day)	<input type="checkbox"/>		
Early disseminated LD - Multiple EM - Isolated Facial Palsy	Same oral regimen as for early localized disease, but for 21 days. Same oral regimen as for early localized disease, but for 21-28 days.	<input type="checkbox"/>	• Clinical dx: no labs indicated Two step serologic approach for the diagnosis of B burgdorferi (see Lyme Disease Serologic Testing tool) • Electrocardiograms for patients with EM in the presence of symptoms or signs suggestive of cardiac involvement.	<input type="checkbox"/>
- Neurologic Lyme - Carditis or any grade	Refer directly to ED with any concern for neurologic Lyme disease. Refer directly to ED with any concern for cardiac dysfunction. heart block	<input type="checkbox"/>		
Late disseminated LD -Arthritis	Same oral regimen as for early localized disease, but for 28 days.	<input type="checkbox"/>	• Two step serologic approach for the diagnosis of B burgdorferi (see Lyme Disease Serologic Testing tool)	<input type="checkbox"/>

2. Follow Up with PCP: _____ weeks

Neurology _____ weeks

3. Referral to Specialist: Time frame:

Cardiology _____ weeks

Infectious Disease _____ weeks

Other: _____ weeks

Rheumatology _____ weeks

Emergency Department

Did you deviate from this co-management plan? Yes No

If you deviated in any way from this protocol, please briefly explain: _____