

**AHCCCS**

**CLINICAL TOOL KIT**  
**FOR THE MANAGEMENT OF**  
**CHILDHOOD**  
**&**  
**ADOLESCENT**  
**ATTENTION-DEFICIT/**  
**HYPERACTIVITY DISORDER**  
**(ADHD)**

## **CLINICAL TOOL KIT FOR THE MANAGEMENT OF CHILDHOOD & ADOLESCENT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

The clinical tool kit is intended to assist the PCP in assessing the needs of the child/adolescent, ranging in age 5 to 17 years old regarding ADHD and decisions regarding health care services provided by the PCP or subsequent referral to the Regional Behavioral Health Authority (RBHA) if clinically indicated. Tools include:

- The decision making algorithm
- The “Vanderbilt Assessment Scale” to be completed by the parent
- The accompanying Scoring Tool for ADHD
- Special Considerations
- The list of medications universally available through AHCCCS Health Plans and the RBHA.

Clinical resources and adaptations of clinical sources are referenced within the individual documents.

### **NOTE:**

- Strongly consider referring children **under 5 years old** to the RBHA for treatment.
- A RBHA consultation is available at any time.

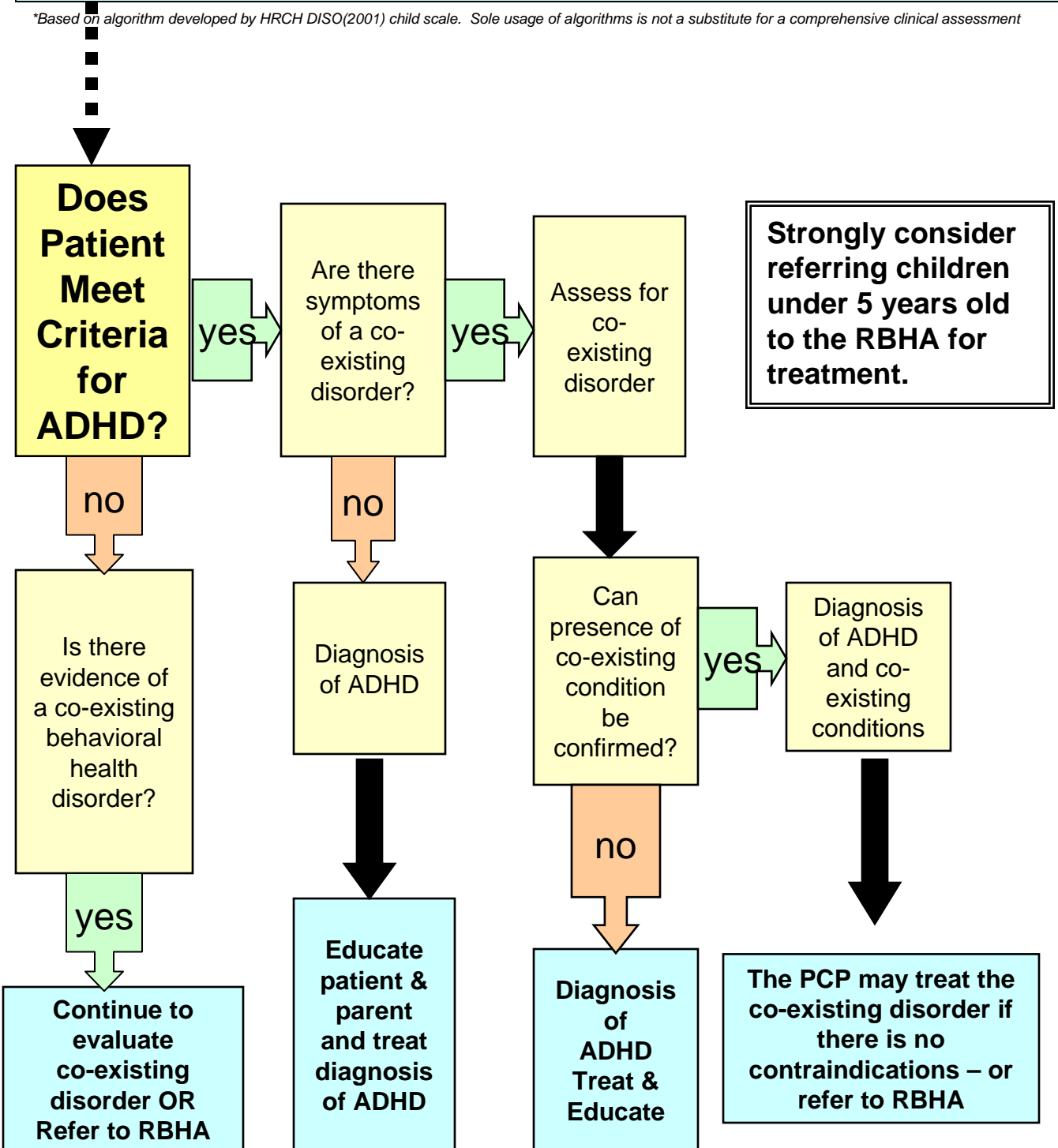
This tool kit was developed by the AHCCCS Tool Kit Workgroup in collaboration with Acute Health Plans and ADHS/DBHS (January, 2008 through January, 2009). This tool kit is only a resource and may not apply to all patients and all clinical situations. It is not intended to replace clinical judgment.

# ADHD

**ASSESSMENT of the Child with Parent by the PCP includes:**

- a. Standard history and physical examination
- b. Basic neurological examination
- c. Family assessment
- d. School assessment
- e. Completion of ADHD screening instrument prior to initiation of Algorithm

*\*Based on algorithm developed by HRCH DISO(2001) child scale. Sole usage of algorithms is not a substitute for a comprehensive clinical assessment*





# Vanderbilt ADHD Diagnostic Parent Rating Scale

Parent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Directions: Each rating should be considered in the context of what is appropriate for the age of your child and should reflect that child's behavior in the last 6 months.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

<b>BEHAVIOR:</b>	never	occasionally	often	very often
1. Does not pay attention to details or makes careless mistakes; for example, homework.	0	1	2	3
2. Has difficulty attending to what needs to be done.	0	1	2	3
3. Does not seem to listen when spoken to directly.	0	1	2	3
4. Does not follow through when given directions and fails to finish things.	0	1	2	3
5. Has difficulty organizing tasks and activities.	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort.	0	1	2	3
7. Loses things needed for tasks or activities (assignments, pencils, or books).	0	1	2	3
8. Is easily distracted by noises or other things.	0	1	2	3
9. Is forgetful in daily activities.	0	1	2	3
10. Fidgets with hands or feet or squirms in seat.	0	1	2	3
11. Leaves seat when he/she is supposed to stay in his/her seat.	0	1	2	3
12. Runs about or climbs too much when he/she is supposed to stay seated.	0	1	2	3
13. Has difficulty playing or starting quiet games.	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor".	0	1	2	3
15. Talks too much.	0	1	2	3
16. Blurts out answers before questions have been completed.	0	1	2	3
17. Has difficulty waiting for his/her turn.	0	1	2	3
18. Interrupts or bothers others when they are talking or playing games.	0	1	2	3
19. Argues with adults.	0	1	2	3
20. Loses temper.	0	1	2	3
21. Actively disobeys or refuses to follow an adult's requests or rules.	0	1	2	3
22. Bothers people on purpose.	0	1	2	3
23. Blames others for his/her mistakes or misbehaviors.	0	1	2	3
24. Is touchy or easily annoyed by others.	0	1	2	3
25. Is angry or bitter.	0	1	2	3
26. Is hateful and wants to get even.	0	1	2	3
27. Bullies, threatens, or scares others.	0	1	2	3
28. Starts physical fights.	0	1	2	3
29. Lies to get out of trouble or to avoid jobs (i.e., "cons" others).	0	1	2	3
30. Skips school without permission.	0	1	2	3
31. Is physically unkind to people.	0	1	2	3
32. Has stolen things that have value.	0	1	2	3
33. Destroys others' property on purpose.	0	1	2	3
34. Is physically mean to animals.	0	1	2	3
35. Has set fires on purpose to cause damage.	0	1	2	3
36. Has broken into someone else's home, business or car.	0	1	2	3
37. Has stayed out at night without permission.	0	1	2	3
38. Has run away from home overnight.	0	1	2	3
39. Is fearful, anxious, or worried.	0	1	2	3
40. Is afraid to try new things for fear of making mistakes.	0	1	2	3
41. Feels useless or inferior.	0	1	2	3
42. Blames self for problems, feels at fault.	0	1	2	3
43. Feels lonely, unwanted, or unloved; complains that "no one loves him/her".	0	1	2	3
44. Is sad, unhappy, or depressed.	0	1	2	3
45. Feels different and easily embarrassed.	0	1	2	3

<b>PERFORMANCE:</b>					
<b>How is your child doing?</b>	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
1. Rate how your child is doing in school overall.	1	2	3	4	5
2. How is your child doing in reading?	1	2	3	4	5
3. How is your child doing in writing?	1	2	3	4	5
4. How is your child doing in math?	1	2	3	4	5
5. How does your child get along with you?	1	2	3	4	5
6. How does your child get along with brothers and sisters?	1	2	3	4	5
7. How does your child get along with others his/her own age?	1	2	3	4	5
8. How does your child do in activities such as games or team play?	1	2	3	4	5

If more than six items from questions 1 - 9 or 10 -18 are rated 2 or 3, how old was your child when you first noticed these behaviors? \_\_\_\_\_

## HOW TO SCORE THE PARENT CHECKLIST

- A. For questions 1-9, add up the number of questions where the parent circled a 2 or 3.
- B. For questions 10-18, add up the number of questions where the parent circled a 2 or 3.
- C. For questions 36-43, add up the number of questions where the parent circled a 4 or 5.

### ADHD Predominately Inattentive subtype (1 and 2):

- At least 6 of questions 1-9 must score a 2 or 3 and
- At least 1 of questions 36-43 must score a 4 or 5

### ADHD Predominately Hyperactive/Impulsive subtype

- At least 6 of questions 10-18 must score a 2 or 3 and
- At least 1 of questions 36-43 must score a 4 or 5

### ADHD Combined Inattention/Hyperactivity subtype

- At least 6 of questions 1-9 must score a 2 or 3 and
- At least 6 of questions 10-18 must score 2 or 3 and
- At least 1 of questions 36-43 must score a 4 or 5

## SPECIAL CONSIDERATIONS

On May 16, 2008 a joint advisory of the American Academy of Pediatrics (AAP) and the American Heart Association (AHA) clarified the recommendations regarding the cardiovascular evaluation and monitoring of children receiving drugs for the treatment of ADHD. Because certain heart conditions in children may be difficult (even, in some cases, impossible) to detect, the AAP and AHA feel that it is prudent to carefully assess children for heart conditions who need to receive treatment with drugs for ADHD. Obtaining a patient and family health history and doing a physical exam focused on cardiovascular disease risk factors (Class I recommendations in the statement) are recommended by the AAP and AHA for assessing patients before treatment with drugs for ADHD. Acquiring an ECG is a Class IIa recommendation. This means that *it is reasonable* for a physician *to consider* obtaining an ECG as part of the evaluation of children being considered for stimulant drug therapy, but this should be at the physician's judgment, and it is *not mandatory* to obtain one. Treatment of a patient with ADHD should not be withheld because an ECG is not done. The child's physician is the best person to make the assessment about whether there is a need for an ECG. Medications that treat ADHD have not been shown to cause heart conditions nor have they been demonstrated to cause sudden cardiac death. However, some of these medications can increase or decrease heart rate and blood pressure. While these side effects are not usually considered dangerous, they should be monitored in children with heart conditions as the physician feels necessary.<sup>1</sup>

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<sup>1</sup> This clarification has been endorsed by the American Academy of Child and Adolescent Psychiatry, the American College of Cardiology, Children and Adults with Attention-Deficit/Hyperactivity Disorder, the National Initiative for Children's Healthcare Quality and the Society for Developmental and Behavioral Pediatrics.

# ADHD

UNIVERSALLY AVAILABLE MEDICATIONS THROUGH  
AHCCCS HEALTH PLANS AND RBHA PROVIDERS\*

## SHORT ACTING

Mixed amphetamine salts (Adderall)

Methylphenidate (Ritalin)

## INTERMEDIATE ACTING

Methylphenidate, long acting (Ritalin LA)

## LONG ACTING

Mixed amphetamine salts, extended release  
(Adderall XR)

Methylphenidate, extended release  
(Concerta)

## NON-STIMULANT

Atomoxetine (Strattera)

\*Refer to health plan for prior authorization requirements and medication availability.