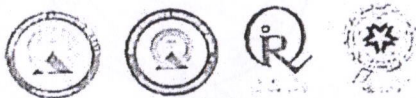
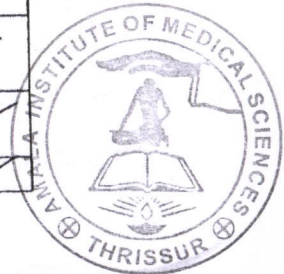


**CLINICAL CARE PATHWAY – EVALUATION**

**ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

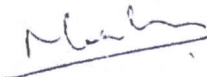
Category	Parameters	Responsibility	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
Initial assessment/Screening	Patient Profile (Name/Age/Address/Gender)	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Informant	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Present complaints	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	History of presenting complaints	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Birth history	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Developmental History	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Family History	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	General Examination	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Systemic Examination	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Developmental Assessment: TDSC/LEST/DDST (Age < 6 yrs)	Pediatrician/Occupational Therapist	✓	✓	✗		✓	✓	✓	✓	✓	✓
	VSMS	Pediatrician/Clinical Psychologist	-	-	✓	✓	✓		✓	✓	✓	✓
Vanderbilt ADHD Assessment Scale	Pediatrician	✓	✓			✓	✓	✓	✓		✓	

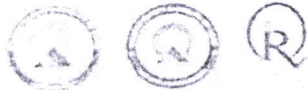



Diagnosis using screening tools	I.Q assessment (> 5yrs)	Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Developmental Psychopathology checklist	Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Investigations	As per the need of patient	Pediatrician	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Diagnosis	As per the need of patient	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Comorbidities	As per the need of patient	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	-
Vision/Hearing Assessment	As per the need of patient	Ophthalmologist /ENT	-	-	✓	✓	✓	✓	✓	✓	✓	✓
Therapy (< 6 yrs BT)	As per the need of patient	Clinical Psychologist/Occupational Therapist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medications - (> 6 yrs Medication & BT) -If needed	As per the need of patient	Developmental Pediatrician/Psychiatrist	-	-	✓	✓	✓	✓	✓	✓	✓	-
Reassessment of Assessment scale (After 3-6 months)	As per the need of patient	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cross Consultation (if needed)	As per the need of patient	Pediatrician/Clinical Psychologist	-	-	✓	✓	✓	✓	✓	✓	✓	✓

Note: Please put (✓/X) for Yes/No column. Score as 1 for Yes and 0 for No.

Name & Signature of Auditor:

Dr. Merlin, GMO 



Amala Institute of Medical Sciences (An Undertaking of Amala Cancer Hospital Society)  
Affiliated to Kerala University of Health Sciences Accredited by KUHS with QAS A+ Grade &  
NABH Accredited & ISO 9001:2015 Certified, Amala Nagar P.O, Thrissur, Kerala.  
Ph: 0487 2304000 | www.amalainms.org | Follow us on 



**CLINICAL CARE PATHWAY – EVALUATION**

**LEARNING DISABILITY**

Parameters	Responsibility	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
Patient Profile (Name/Age/Address/Gender) Child comes with a reference from school	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Informant	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Present complaints	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
History of presenting complaints	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Birth history	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Developmental History	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family History	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
General Examination	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Systemic Examination	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parent counselling regarding process	Pediatrician/ Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Assessment for academic difficulties and comorbidities	Pediatrician/ Clinical Psychologist/ Special Educator	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Treatment of emotional issues, ADHD	Pediatrician/ Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Treatment of comorbidities	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Assessment of hearing and vision	ENT/ Ophthalmologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cognitive Assessment	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



IQ Assessment	Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SLD Assessment	Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Assessment for Academic Achievement	Clinical Psychologist/ Special Educator	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Implementing plan for Management	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Liaison with school remedial education, academic plans	Special Educator	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disability Certification for SLD – Refer to Govt. Medical College/ General Hospital	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Note:** Please put (✓/X) for Yes/ No column. Score as 1 for Yes and 0 for No.

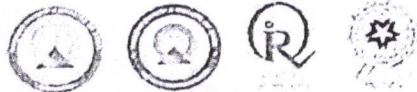
Name & Signature of Auditor: *DR JANAKR*  
*AMO*



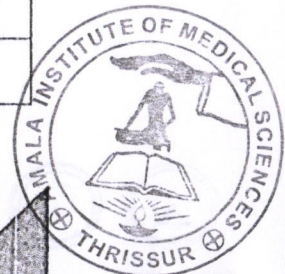
**CLINICAL CARE PATHWAY – EVALUATION**

**AUTISM SPECTRUM DISORDER**

Category	Parameters	Responsibility	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10
Initial Assessment/Screening	Patient Profile (Name/Age/Address/Gender)	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Informant	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Present complaints	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	History of presenting complaints	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Birth history	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Developmental History	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Family History	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	General Examination	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Systemic Examination	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Developmental Assessment: TDSC/LEST/DDST (Age < 6 yrs)	Pediatrician/Occupational Therapist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	VSMS	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	MCHAT-R (16 -30 Months)	Pediatrician/ Occupational Therapist	X	-	✓	✓	✓	✓	✓	-	-	-
TABC (2-6 yrs)	Pediatrician/ Occupational Therapist	✓	✓	✓	-	✓	-	-	✓	✓	✓	
Diagnosis using screening tools	DSM-S Criteria for ASD	Pediatrician/Clinical Psychologist	-	✓	✓	-	-	-	-	✓	-	-
	ISSA (Indian Scale for Assessment of Autism)	Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	CARS (Childhood Autism Rating Scale)	Clinical Psychologist	-	✓	-	✓	-	-	-	✓	✓	✓



Amala Institute of Medical Sciences (An Undertaking of Amala Cancer Hospital Society)  
 Affiliated to Kerala University of Health Sciences Accredited by KUHS with OAS A+ Grade &  
 NABH Accredited & ISO 9001:2015 Certified, Amala Nagar P.O, Thrissur, Kerala.  
 Ph: 0487 2304000 | www.amalaaims.org | Follow us on



Investigations	(MRI, EEG) As per the need of patient	Pediatrician	Not needed	Not needed	✓	Not needed	✓	-	✓	✓	-	-
Vision/Hearing Assessment	As per the need of patient	Ophthalmologist /ENT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diagnosis	As per the need of patient	Pediatrician	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Comorbidities	As per the need of patient	Pediatrician	NIL	NIL	✓	NIL	✓	-	-	-	✓	✓
Cross Consultation (if needed)	As per the need of patient	Pediatrician/Clinical Psychologist	✓	✓	✓	-	✓	✓	✓	✓	✓	✓
Medications If needed	As per the need of patient	Developmental Pediatrician/Psychiatrist/Neurologist	Not needed	✓	✓	-	✓	✓	✓	-	✓	✓
Therapy	As per the need of patient	Developmental Therapist/Occupational Therapist/Speech Therapist/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reassessment of Assessment scale (After 3-6 months)	As per the need of patient	Pediatrician/Clinical Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Please put (✓/X) for Yes/ No column. Score as 1 for Yes and 0 for No.

Name & Signature of Auditor: *Dr. Abhishek, QMO* 