Monitoring and Care for Infants With CF Up to Age 2[1]

The table below provides an overview of CF care recommendations and considerations up to age 2.

AGE AT VISIT	DAY OF SWEAT TEST	24–48 HOURS OF DX	1 WK LATER OR AGE 1 MO	2 MO[a]	3 MO[a]	4 MO[a]	5 MO[a]	6 MO[b]	8 MO[b]	10 MO[b]	1 YR	EVERY 2–3 MO. IN THE 2ND YR OF LIFE	2 YR
CARE ISSUES													
Discuss diagnosis	Either visit												
Encourage human milk feeding	Either visit												
Start PERT[c]	Either visit												
Start salt supplementation	1/8 tsp. salt							1/4 tsp. salt					
Start vitamins designed for CF patients	Either visit												
History and physical with weight, length, OFC	Either visit												
Teach / initiate P&PD													
Assess weight gain, caloric intake and PERT dose													
DIAGNOSTIC TESTING													
Sweat test			All 1° sibs										
Pancreatic functional status testing[f]	At one of these visits												
Respiratory culture[g]													
Chest X-ray				At one of these visits									
Vitamin levels A, D, E[h]			At one of these visits										
Serum electrolytes, BUN, creatinine													
Complete blood count													
AST/ALT/GGT/bili, albumin, ALP													
EDUCATION													
Infection Control													
Fill out "Who to call–where to go" sheet			Either visit										
CFF Patient Registry consent			Either visit										
Discuss clinical research													
Feeding Behavior Anticipatory Guidance						Either visit			Either visit			At 2 of these visits	
Referrals to community food resources													
Review ACT technique													
Tobacco smoke exposure avoidance education													
Genetic counseling	At one of these visits												
DATE DONE													

Recommend **Consider**

[a]In some circumstances, care may be shared with a primary care physician; infants growing poorly may need to be seen more often; some stable infants can be seen every 6 weeks.

[b]Some centers may plan additional routine visits at 7, 9, and 11 months.

[c]Start PERT if patient has symptoms, fecal elastase <200 mg/g, coefficient of fat absorption <85%, or 2 *CFTR* mutations associated with pancreatic insufficiency.

[d]Many centers include oximetry; pulse oximetry should be performed in infants with acute respiratory symptoms.

[e]Routine immunizations should be given by the primary care provider; Palivizumab may be given in appropriate season; influenza vaccine should be given in the appropriate season after 6 months of age.

[f]Recheck a measure of pancreatic phenotype, such as fecal elastase, if patients have weight loss or GI symptoms.

[g]Respiratory cultures may be performed more frequently if patient has symptoms.

[h]Vitamin levels are optimally checked 1 to 2 months after starting supplements; ensure that fluoride intake is adequate or is supplemented.

References: 1. Borowitz D, Robinson KA, Rosenfeld M, et al. Cystic Fibrosis Foundation evidence-based guidelines for management of infants with cystic fibrosis. *J Pediatr.* 2009;155(suppl 6):S73-93. doi:10.1016/j.jpeds.2009.09.001