

# AUTISM A.L.A.R.M.

## **A**utism is prevalent

- 1 out of 6 children are diagnosed with a developmental disorder and/or behavioral problem
- 1 in 166 children are diagnosed with an autism spectrum disorder
- Developmental disorders have subtle signs and may be easily missed

## **L**isten to parents

- Early signs of autism are often present before 18 months
- Parents usually DO have concerns that something is wrong
- Parents generally DO give accurate and quality information
- When parents do not spontaneously raise concerns, ask if they have any

## **A**ct early

- Make screening and surveillance an important part of your practice (as endorsed by the AAP)
- Know the subtle differences between typical and atypical development
- Learn to recognize red flags
- Use validated screening tools and identify problems early
- Improve the quality of life for children and their families through early and appropriate intervention

## **R**efer

- To Early Intervention or a local school program (do not wait for a diagnosis)
- To an autism specialist, or team of specialists, immediately for a definitive diagnosis
- To audiology and rule out a hearing impairment
- To local community resources for help and family support

## **M**onitor

- Schedule a follow-up appointment to discuss concerns more thoroughly
- Look for other features known to be associated with autism
- Educate parents and provide them with up-to-date information
- Advocate for families with local early intervention programs, schools, respite care agencies, and insurance companies
- Continue surveillance and watch for additional or late signs of autism and/or other developmental disorders

For More Information: [www.medicalhomeinfo.org](http://www.medicalhomeinfo.org)



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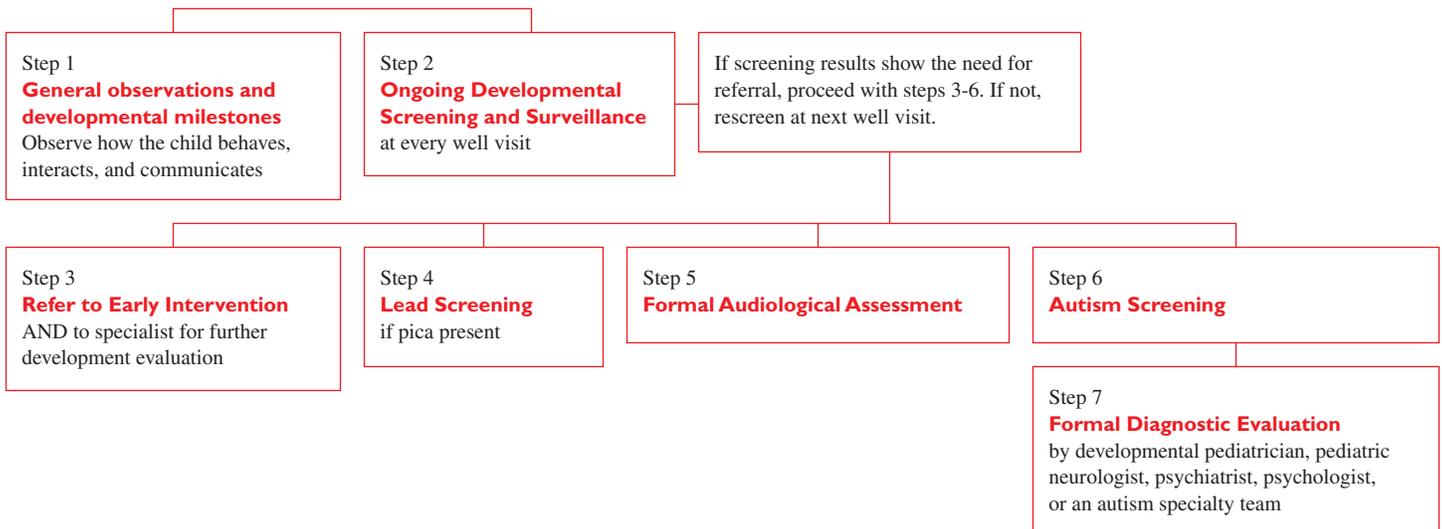
The recommendations in this document do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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# DEVELOPMENTAL SCREENING GUIDELINES FOR CHILDREN

The following guidelines, adapted from key policy statements of the American Academy of Pediatrics and American Academy of Neurology,<sup>1</sup> were developed in order to establish standard practices amongst physicians, to simplify the screening process, and to ensure that all children receive routine and appropriate screenings and timely interventions. These recommended guidelines are critical for ensuring that young children stay on a healthy development path.



## 1. General observations and developmental milestones.

Take a brief moment at the start of each well visit to observe how a child behaves, interacts, and communicates with a parent or caregiver.

## 2. Ongoing developmental screening and surveillance.

A physician, nurse practitioner, or certified physician assistant should perform routine developmental screenings using a highly validated parent survey at each well visit on all children from birth through school age to identify those at risk for atypical development.

**3. Referral to Early Intervention and for a developmental evaluation.** When a parent raises a concern, or a developmental surveillance/screening indicates a possible delay, refer the child for a comprehensive evaluation by a specialist or a team of specialists experienced in making the diagnosis of autism. At the same time, refer the child to a local early intervention program. A tentative or provisional diagnosis of “delay” is sufficient to initiate services.

**4. Lead screening.** If risk factors, such as a developmental delay and/or pica, are present, conduct a lead screening to rule out lead poisoning. If elevated lead levels are found, refer the child to a local health department.

**5. Formal audiological assessment.** When a child appears to have a developmental delay, refer the child for formal audiological testing.

**6. Autism screening.** If a parent or ongoing developmental screening and surveillance raise concerns, follow up with an autism screening.

**7. Referral for diagnostic evaluation.** If autism screening raises a concern, refer the patient for a comprehensive autism evaluation by a specialist or a team of specialists experienced in making the diagnosis of autism. If the child has not already been referred (Step 3), refer him/her to a local early intervention program. Do not delay a referral to an intervention program while the patient is waiting for a specialist appointment, lab tests, or imaging studies. Later, if and when a definitive diagnosis is made, intervention services can then be revised accordingly.

<sup>1</sup> Screening Guidelines were compiled and adapted from the following sources: American Academy of Pediatrics. (2001). Committee on Children with Disabilities. Policy Statement: The pediatrician’s role in the diagnosis and management of autistic spectrum disorders in children, *Pediatrics*, 107, 1221-1226; American Academy of Pediatrics. (2001). Committee on Children with Disabilities. Technical Report: The pediatrician’s role in the diagnosis and management of autistic spectrum disorder of children, *Pediatrics*, 107. Filipek, P.A., et al. Practice parameter: Screening and diagnosis of autism. *Neurology* 2000, 55: 468-79.