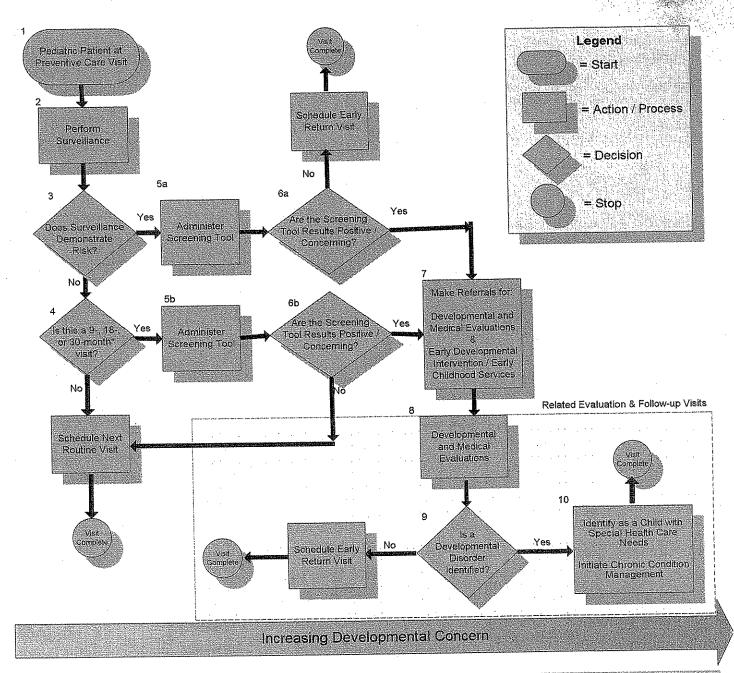


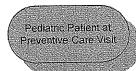
Developmental Surveillance and Screening Algorithm Within a Pediatric Preventive Care Visit



*Because the 30-month visit is not yet a part of the preventive care system and is often not reimbursable by third-party payers at this time, developmental screening can be performed at 24 months of age.

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Developmental and Screening Algorithm Within a Pediatric Preventive Care Visit



- 1. Developmental concerns should be included as one of several health topics addressed at each pediatric preventive care visit throughout the first 5 years of life.
- 2. Developmental Surveillance is a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems. There are 5 components of development surveillance: eliciting and attending to the parents' concerns about their child's development, documenting and maintaining a developmental history, making accurate observations of the child, identifying the risk and protective factors, and maintaining an accurate record and documenting the process and findings.





- 3. The concerns of both parents and child health professionals should be included in determining whether surveillance suggests the child may be at risk of developmental delay. If either parents or the child health professional express concern about the child's development, a developmental screening to address the concern specifically should be conducted.
- 4. All children should receive developmental screening using a standardized test. In the absence of established risk factors or parental or provider concerns, a general developmental screen is recommended at the 9-, 18-, and 30-month* visits. Additionally, autism-specific screening is recommended for all children at the 18-month visit.

*Because the 30-month visit is not yet a part of the preventive care system and is often not reimbursable by third-party payers at this time, developmental screening can be performed at 24 months of age.





- 5a & 5b. Developmental screening is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder. Developmental screening that targets the area of concern is indicated whenever a problem is identified during developmental surveillance.
- 6a & 6b. When the results of the periodic screening tool are normal, the child health professional can inform the parents and continue with other aspects of the preventive visit. When a screening tool is administered as a result of concerns about development, an early return visit to provide additional developmental surveillance should be scheduled, even if the screening tool results do not indicate a risk of delay.



Wake Referrals for. Developmental and Medical Evaluations Early Developmental Intervention / Early. Childhood Services

Developmental and Medical **Evaluations**

7-8. If screening results are concerning, the child should be scheduled for developmental and medical evaluations. Developmental evaluation is aimed at identifying the specific developmental disorder or disorders affecting the child. In addition to the developmental evaluation, a medical diagnostic evaluation to identify an underlying etiology should be undertaken. Early Developmental Intervention/Early Childhood Services can be particularly valuable when a child is first identified to be at high risk of delayed development, because these programs often provide evaluation services and

can offer other services to the child and family even before an evaluation is complete.24 Establishing an effective and efficient partnership with early childhood professionals is an important component of successful care coordination for children.³⁹

9. If a developmental disorder is identified, the child should be identified as a child with special health care needs and chronic condition management should be initiated (see No. 10 below). If a developmental disorder is not identified through medical and developmental evaluation, the child should be scheduled for an early return visit for further surveillance. More frequent visits, with particular attention paid to areas of concern, will allow the child to be promptly referred for further evaluation if any further evidence of delayed development or a specific disorder emerges.



Identify as a Child with Special Health Care Needs Initiate Chronic Condition Management 10. When a child is discovered to have a significant developmental disorder, that child becomes a child with special health care needs, even if that child does not have a specific disease etiology identified. Such a child should be identified by the medical home for appropriate chronic condition management and regular monitoring and entered into the practice's children and youth with special health care needs registry. 40

Surveillance and Screening Algorithm: Autism Spectrum Disorders (ASDs)

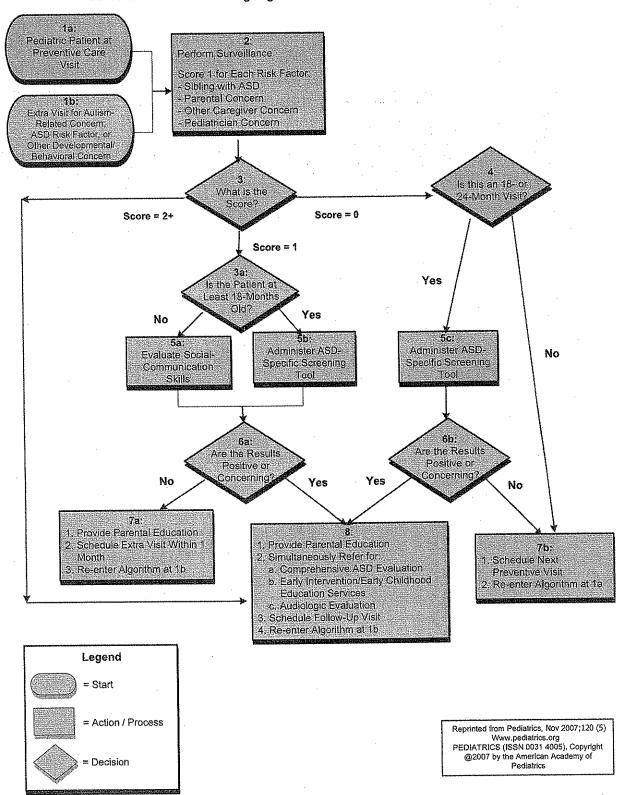


FIGURE 1 Surveillance and screening algorithm: ASDs. (Reproduced with permission from Pediatrics)

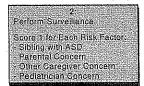
Surveillance and Screening Algorithm: Autism Spectrum Disorders (ASDs)



1a - Developmental concerns, including those about social skill deficits, should be included as one of several health topics addressed at each pediatric preventive care visit through the first 5 years of life. (Go to step 2)



1b – At the parents' request, or when a concern is identified in a previous visit, a child may be scheduled for a "problem-targeted" clinic visit because of concerns about ASD. Parent concerns may be based on observed behaviors, social or language deficits, issues raised by other caregivers, or heightened anxiety produced by ASD coverage in the media. (Go to step 2)



2 - Developmental surveillance is a flexible, longitudinal, continuous, and cumulative process whereby health care professionals identify children who may have developmental problems. There are 5 components of developmental surveillance: eliciting and attending to the parents' concerns about their child's development, documenting and maintaining a developmental history, making accurate observations of the child, identifying the risk and protective factors, and maintaining an accurate record and documenting the process and findings. The concerns of parents, other caregivers, and pediatricians all should be included in determining whether surveillance suggests that the child may be at risk of an ASD. In addition, younger siblings of children with an ASD should also be considered at risk, because they are 10 times more likely to develop symptoms of an ASD than children without a sibling with an ASD. Scoring risk factors will help determine the next steps. (Go to step 3)

For more information on developmental surveillance, see "Identifying infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (Pediatrics 2006;118:405-420).



3 - Scoring risk factors:

- If the child does not have a sibling with an ASD and there are no concerns from the parents, other caregivers, or pediatrician: Score=0 (Go to step 4)
- If the child has only 1 risk factor, either a sibling with ASD or the concern of a parent, caregiver, or pediatrician: Score=1 (Go to step 3a)
- If the child has 2 or more risk factors: Score=2+ (Go to step 8)



3a -

- If the child's age is <18 months, Go to step 5a
- If the child's age is ≥18 months, Go to step 5b



4 – In the absence of established risk factors and parental/provider concerns (score=0), a level-1 ASD-specific tool should be administered at the 18- and 24-month visits. (Go to step 5c) If this is not an 18- or 24-month visit, (Go to step 7b).

Note: In the AAP policy, "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening", a general developmental screen is recommended at the 9-, 18-, and 24-or 30-month visits and an ASD screening is recommended at the 18-month visit. This clinical report also recommends an ASD screening at the 24-month visit to identify children who may regress after 18 months of age.



5a - If the child's age is <18 months, the pediatrician should use a tool that specifically addresses the clinical characteristics of ASDs, such as those that target social-communication skills. (Go to step 6a)



5b - If the child's age is ≥18 months, the pediatrician should use an ASD-specific screening tool. (Go to step 6a)



5c – For all children ages 18 or 24 months (regardless of risk factors), the pediatrician should use an ASDspecific screening tool. (Go to step 6b)

AAP-recommended strategies for using ASD screening tools: "Autism: Canng for Children with Autism Spectrum Disorders: A Resource Toolkit for Clinicians" (in press)."



6a - When the result of the screening is negative, Go to step 7a

When the result of the screening is positive, Go to step 8



6b - When the result of the ASD screening (at 18and 24-month visits) is negative, Go to step 7b

When the result of the ASD screening (at 18- and 24-month visits) is positive, Go to step 8

78'
1. Provide Parental Education
2. Schedule Extra Visit Within 1
Month
3. Re-enter Algorithm at 15

7a – If the child demonstrates risk but has a negative screening result, information about ASDs should be provided to parents. The pediatrician should schedule an extra visit within 1 month to address any residual ASD concerns or additional developmental/ behavioral concerns after a negative screening result. The child will then re-enter

the algorithm at 1b. A "wait-and-see" approach is discouraged. If the only risk factor is a sibling with an ASD, the pediatrician should maintain a higher index of suspicion and address ASD symptoms at each preventive care visit, but an early follow-up within 1 month is not necessary unless a parental concern subsequently arises.



7b – If this is not an 18- or 24-month visit, or when the result of the ASD screening is

negative, the pediatrician can inform the parents and schedule the next routine preventive visit. The child will then re-enter the algorithm at 1a.

Provide Parental Education
 Simultaneously Refer for
 a. Comprehensive ASD Evaluation
 b. Early Intervention/Early Childhood
 Education Services
 c. Audiologic Evaluation
 Schedule Follow-up Visil
 Re-enter Algorithm at 1b

8 – If the screening result is positive for possible ASD in step 6a or 6b, the pediatrician should provide peer reviewed and/or consensus-developed ASD materials. Because a positive screening result does not determine a diagnosis of ASD, the child should be referred for a comprehensive ASD evaluation, to early intervention/early childhood education services (depending on child's age), and an audiologic evaluation. A categorical diagnosis is not needed to access intervention services. These programs often provide evaluations and other services even before a medical evaluation is complete. A referral to intervention services or school also is indicated when other developmental/behavioral concerns exist, even though the ASD screening result is negative. The child should be scheduled for a follow-up visit and will then re-enter the algorithm at 1b. All communication between the referral sources and the pediatrician should be coordinated.

AAP information for parents about ASDs includes. *Is Your One-Year-Old Communicating with You?** and "Understanding Autism Spectrum Disorders **

*Available at www.aap.org