## REFERRAL GUIDELINE

### Developmental-Behavioral Pediatrics

#### Diagnosis/Initial Management of suspected Autism Spectrum Disorder

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<td><strong>Background</strong></td>
<td>Primary care providers (pediatricians and family physicians) play an important role in early recognition of ASD's. General developmental screening and surveillance and autism–specific screening are important strategies for detection of possible ASD in young children. However, parents will often raise concerns about possible ASD in older children. It is important for PCPs to recognize signs and symptoms of ASD and to have strategies for assessing them systematically. If such and assessment indicates likelihood of an ASD, referral for further evaluation is warranted.</td>
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| **Initial Evaluation** | • As per AAP reference above  
  • Screening tool (MCHAT) at 18 and 24 months  
  • Open-ended questions regarding verbal and nonverbal communication and repetitive behaviors / insistence on routine.  
  • Relevant medical history, family history and social history  
  • Identify concerns about other common differential diagnosis / associated conditions, e.g. ADHD, developmental delay, anxiety disorders, tic/habit disorders  
  • Consider whether child has abnormal social communication and repetitive behaviors / insistence on routine. |
| **Initial Management** | • Request relevant school records, such as teacher narrative, Vanderbilt scales  
  • Address mental health concerns, including treatment of ADHD  
  • If diagnosis seems very likely, make provisional diagnosis of ASD, and provide information about community resources for further evaluation and treatment  
  • If strong evidence that child does not have ASD, inform family and explain reasons |
| **Pre-Visit Work Up** | • Result of general and autism-specific developmental screening  
  • Other ASD or behavioral screening tools, e.g. SCQ, SDQ  
  • Relevant medical records and subspecialty consults |
| **When to Refer** | • PCP has diagnosed ASH and confirmation is needed  
  • PCP suspects ASD and child needs further diagnostic evaluation  
  • PCP does not suspect ASD, but caregivers do not accept PCP’s findings  
  • Psychopharmacology consultation  
  • Severe problem behaviors or increasing associated mental health problems needing intervention |
| **Co-management Strategy (as appropriate)** | **Specialist scope of care**  
  Medicine management  
  Psychoeducational/parent training re ASD  
  Developmental therapies  
  Further eval if needed  
  **Primary care scope of care**  
  General health supervision  
  Medication management (if stable) |
| **Return to Primary Care Endpoint** | Stability, improvement of symptoms |