



REFERRAL GUIDELINE

Developmental-Behavioral Pediatrics

Diagnosis/Initial Management of suspected Autism Spectrum Disorder

Reference	Autism Spectrum Disorders, Johnson & Meyers, Pediatrics, November, 2007	
Background	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 an assessment indicates likelihood of an ASD, referral for further evaluation is warranted.	
Initial Evaluation	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> PCP has diagnosed ASD 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 Medication 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	