CONCERNS FOR AUTISM REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV OF DEVELOPMENTAL & BEHAVIORAL) • 1577 CONGRESS ST, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Signs of autism* and significant developmental regression by history and/or possible seizure activity and/or significant constitutional symptoms such as weight loss or poor growth

Exam: developmental regression (loss of milestones), focal neurologic exam findings, poor growth (weight, height or head circumference)

Usually best to let specialist decide on labs

SUGGESTED PREVISIT WORKUP

For high risk patients meeting above criteria urgent referral to **pediatric neurology** is indicated

With neurology referral send growth charts including head circumference and any other relevant previous workup or evaluation

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Red flag symptoms of autism below*

Failed M-CHAT or other autism screening tool

Children with autism most often have a normal physical exam

If child has dysmorphic features an additional referral to genetics may be indicated

SUGGESTED WORKUP

Referral to Developmental and Behavioral pediatrics recommended

Please include any relevant labs such as genetic testing and any previous evaluations, as well as growth charts including head circumference

For children less than kindergarten age, especially with minimal services in place, an expedited referral in Developmental and Behavioral Pediatrics will be initiated (goal of first visit within 2-3 months)

If less than kindergarten age then primary care provider should initiate referral to CDS simultaneously.

Ongoing engagement from the primary care provider is essential as plan of care and diagnosis is established

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Isolated language delay without other red flag symptoms * is less concerning for autism

Exam often normal

Give particular attention to ENT exam which should be normal

SUGGESTED MANAGEMENT

Isolated language delay should be evaluated by a speech and language pathologist

Isolated language delay should prompt hearing evaluation

Primary care physician should request and review developmental/CDS evaluations performed to assure no concerns for autism

Note that CDS services are available for less than kindergarten age but may not include direct speech and language services if <36 months of age

If child has delays in multiple areas see “developmental delay” guideline

CLINICAL PEARLS

- Red flags for Autism include: Lack of: appropriate eye gaze, social smile (a smile in response to a smile), shared enjoyment, response to name, gestures (for example pointing is expected by 12 months), coordination of verbal and nonverbal communication. Presence of: Repetitive behaviors (such as hand flapping, spinning), hyperfocused interests, insistence on sameness or routine and sensory concerns (e.g. decreased tolerance to pain, fascination with lights), delayed or atypical language (such as echolalia).
- A negative M-CHAT does not supersede clinician and/or parent suspicion of an Autism Spectrum Disorder- a screen will not pick up 100% of cases- therefore if truly concerned referral should occur.
- While some cases of autism may seem obvious, more often than not the diagnosis is complex and specialty referral is reasonable.
- While there has been controversy around routine screening for autism (e.g. M-CHAT) in the primary care setting, our practice feels that screening can be helpful for identification of autism and facilitating conversations with the family about developmental concerns.

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