

MCI Guideline Autism Spectrum Disorders Screening

Autism Spectrum Disorders (ASD) includes children with varying degrees of: impairment in social skills, deficits in language skills, and the presence of stereotypic behaviors. The incidence of ASD is about 1 in 150, therefore Primary Care Physicians are likely to care for children with ASD. Historically the average age of diagnosis for ASD was 61 months. Since screening for ASD will lead to earlier diagnosis and better outcomes, Mercy Clinics Recommends:

1. Screen all children for ASD at age 18 months using the Modified Checklist for Autism in Toddlers (**M-CHAT**)
 - a. This is a 23 item parent completed report appropriate for children age 16 – 30 months.
 - b. A test is positive if there is a negative answer to any 3 items **OR** 2 of the 6 critical items. The critical items are:
 - Item 2: Does your child take an interest in other children?
 - Item 7: Does your child ever use his/her index finger to point, to indicate interest in something?
 - Item 9: Does your child ever bringing objects over to you to show you something?
 - Item 13: Does your child imitate you?
 - Item 14: Does your child respond to his/her name when you call?
 - Item 15: If you point to a toy across the room, does your child look at it?
 - c. Yes/ No answers convert to Pass/Fail responses
 - A Yes response to Questions 11, 18, 20, or 22 counts as Fail
 - A No response to all other questions counts as Fail
2. Refer children who screen positive for further evaluation. Do not take a “wait-and-see” approach.
 - The MCI handout “Autism Spectrum Resources for Families” is a useful tool to identify referral options.
3. Other indications for immediate evaluation are:
 - a. No babbling or point or other gesture by 12 months
 - b. No single words by 16 months
 - c. No 2-word spontaneous (not echolalic) phrases by 24 months
 - d. Loss of language or social skills at any age

Reference: “Identification and Evaluation of Children with Autism Spectrum Disorders”
Pediatrics Volume 120, Number 5, November 2007

Variation from this guideline is always acceptable if in the opinion of the attending physician individual circumstances require it.