FETAL ALCOHOL SYNDROME
SCREENING GUIDELINES

Check if the following criteria are identified:

_____ Known history of prenatal exposure to alcohol
_____ Caregiver or health care provider concern about the possibility of FAS
Refer to primary care provider or to FASD Diagnostic Clinic for further evaluation

If information regarding prenatal exposure to alcohol is unknown

1. FACE
_____ Small eye openings
_____ Smooth philtrum
_____ Thin upper lip
Refer to primary care provider or FASD Diagnostic Clinic if all three facial features present

2. GROWTH (from medical records, PHN, WIC etc.)
_____ Height or length less than 3rd percentile (short stature)
_____ Weight less than 3rd percentile (failure to thrive)
_____ Head circumference less than 3rd percentile (microcephaly)

3. CENTRAL NERVOUS SYSTEM
_____ Developmental delay
_____ Mental retardation
_____ Abnormal brain CT or MRI
_____ Seizures
_____ Attention deficient/hyperactivity disorder
_____ Autism or autistic features
_____ Behavioral concerns

4. SOCIAL
_____ Premature maternal death (disease, trauma)
_____ Alcoholic parent or close family member
_____ Current or previous history of abuse or neglect
_____ Current or previous family involvement with Child Protective Services
_____ Unstable or transient living situation
_____ Foster or adoptive care (including extended family)

If any item checked in more than one category (1-4), refer to primary care provider or FASD Diagnostic Clinic for further evaluation.

These guidelines are developed to assist screeners in identifying children and adults who may be at risk for FASD. Each case should be considered individually including medical, family and social history. Referral for further medical or developmental evaluation may necessary even if child does not meet criteria for FASD referral.