

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.