FASD CLINICAL TOOLKIT

FASD Clinical Assessment Checklist

A structured checklist for FASD assessment, following SIGN 156. Patient identifiers: follow your local records policy.

FASD Compass
fasdcompass.co.uk/clinical-assessment-checklist/

Before the assessment

- [ ] Reason for referral and the main concerns, in the family's words
- [ ] Informed consent, including for facial photographs, explained in plain language
- [ ] Interpreter or communication support arranged, if needed
- [ ] Reports gathered: health visitor, school, nursery, speech and language, occupational therapy, psychology, CAMHS
- [ ] The family knows they can bring a support person

1. Developmental history

- [ ] Pregnancy: antenatal care, illness, medicines and complications
- [ ] Birth: gestation, birth weight, length and head circumference
- [ ] Neonatal period: special care, feeding, withdrawal symptoms
- [ ] Developmental milestones, and any loss of skills
- [ ] Medical history: hearing, vision, seizures, sleep, feeding, illnesses and operations
- [ ] Current medicines
- [ ] Family history, ideally a three-generation family tree, including learning and neurodevelopmental conditions and consanguinity
- [ ] Social history: who the child lives with, any changes of carer or placement, and adverse experiences
- [ ] Education: settings attended, attendance, and consistent access to teaching

2. Prenatal alcohol exposure, where available

- [ ] Source of the information, and whether it is reliable and free from conflict of interest
- [ ] Type of drink, amount, pattern, frequency and timing in the index pregnancy
- [ ] Recorded clearly as confirmed, confirmed absent, or unknown
- [ ] Records checked: maternity notes, GP records, adoption or care medical reports, alcohol treatment records
- [ ] Other exposures recorded: tobacco, other drugs, and prescribed medicines such as anticonvulsants
- [ ] Not inferred from lifestyle, other drug use, care history or exposure in a previous pregnancy alone

3. Growth and physical examination

- [ ] Height, weight and head circumference (OFC) plotted on UK-WHO growth charts, with earlier measurements from the Red Book. Microcephaly is OFC below the 3rd centile.
- [ ] Parental head circumference, where possible
- [ ] Palpebral fissure length measured
- [ ] Upper lip and philtrum ranked using the University of Washington Lip-Philtrum Guide
- [ ] Facial photographs taken with consent, using a standard method
- [ ] Associated features recorded (these do not confirm or rule out FASD)
- [ ] Heart, eyes, ears, palate, palmar creases, digits and joints examined
- [ ] Neurological examination, and skin checked for neurocutaneous signs
- [ ] Hearing and vision status known

4. Neurodevelopmental assessment domains

- [ ] Brain structure, neuroanatomy and neurophysiology
- [ ] Motor skills
- [ ] Cognition
- [ ] Language
- [ ] Academic achievement
- [ ] Memory
- [ ] Attention
- [ ] Executive function, including impulse control and hyperactivity
- [ ] Affect regulation
- [ ] Adaptive behaviour, social skills or social communication
- [ ] For each area: the measure used, who assessed it, and whether severe impairment is present as defined in SIGN 156

5. Functional difficulties

- [ ] Daily living skills, using a standardised adaptive behaviour measure where possible
- [ ] Sleep, eating and toileting
- [ ] Safety awareness and vulnerability, including online and with peers
- [ ] Learning and behaviour at school, and any exclusions or reduced timetable
- [ ] Emotional regulation at home and school
- [ ] Impact on the family, and carer wellbeing
- [ ] Strengths and interests

6. Co-occurring conditions

- [ ] ADHD
- [ ] Autism
- [ ] Intellectual disability
- [ ] Language disorder
- [ ] Developmental coordination disorder
- [ ] Specific learning difficulties
- [ ] Epilepsy
- [ ] Sleep disorders
- [ ] Anxiety, depression or other mental health conditions
- [ ] Trauma-related or attachment difficulties
- [ ] Hearing or vision impairment
- [ ] Congenital heart and other physical conditions

7. Differential diagnoses

- [ ] Genetic factors, which should be considered in all cases (SIGN 156)
- [ ] Other exposures in pregnancy that can affect development, such as some anticonvulsant medicines
- [ ] Postnatal factors, such as neglect, trauma, malnutrition, head injury or serious illness
- [ ] Another condition that fully explains the profile on its own
- [ ] Genetic testing considered, in line with local genetics guidance
- [ ] Referral to clinical genetics considered for atypical features, or where alcohol exposure is uncertain
- [ ] Other known contributors documented, such as trauma or a genetic finding

8. Multidisciplinary assessment

- [ ] Paediatrician or physician with competency in FASD assessment
- [ ] Child development specialists, such as speech and language therapy, occupational therapy, clinical or educational psychology
- [ ] Input from school, social care and other professionals who know the child, with consent
- [ ] Team discussion, using the SIGN 156 diagnostic algorithm
- [ ] Outcome recorded: FASD with sentinel facial features, FASD without sentinel facial features, at risk of FASD, or no FASD diagnosis
- [ ] Other diagnoses recorded

9. Referral and management planning

- [ ] Findings shared with the family and, where appropriate, the child or young person
- [ ] Written or visual report, simplified for the family
- [ ] Individualised management plan based on the child's strengths and difficulties
- [ ] Reports shared with school, with consent
- [ ] Onward referrals made, such as for ADHD, mental health, therapy or social care support
- [ ] Follow-up arranged within a specified time
- [ ] Reassessment planned at key transitions, such as starting secondary school or moving to adult services
- [ ] Diagnosis coded using the correct SNOMED CT code
- [ ] Family given details of support groups

Notes and actions