**ASD Post-Diagnosis PCP Follow Up Visit**

* If you are the PCP of a child diagnosed with ASD by an embedded provider (Drs Hine, Foster, Coleman, Bahrami, or NP Miller), the child will be scheduled with you for a post-diagnosis follow-up visit
* The visit will be automatically scheduled, should be 40 minutes, in telemedicine or in person
* Use the ASD follow-up note template and smart set at the visit

**ASD Follow Up Note Template and Smart Set**

View the [linked module](onenote:#ASD%20Post-Diagnosis%20Note%20Template%20and%20Smart%20Set&section-id={2B3AC869-9818-4653-8F6B-BE3C86E8EBC4}&page-id={2ABC2BE0-99B4-4B8B-AA6D-40C4AD42F429}&end&base-path=https://vumc365.sharepoint.com/sites/PedsGeneralPediatrics/Shared%20Documents/Handy%20Dandy%20Vandy%20-%20Itty%20Bitty/HDV/Handy%20Dandy%20Vandy/3.%20Clinical%20Care/Autism%20Spectrum%20Disorder%20(ASD).one) for additional information

**Genetic Testing**

* AAP:  genetic evaluation should be recommended/offered to all families as part of the etiologic workup
* Up to Date: evaluate children diagnosed with ASD with chromosomal microarray (CMA) and DNA analysis for fragile X syndrome, whether or not they have dysmorphic features
* Genetic testing should be covered by TennCare. Families with private insurance may want to check with their insurance first; it is usually covered but family may need to submit supporting documentation
* Providers can use this script for parent education on the role of genetic testing for children with ASD: *“It is recommended that all children who are diagnosed with autism be considered for genetic testing (including fragile X testing and a chromosome microarray). These tests return with a positive result in about 10-20% of cases which can sometimes, but not always, reveal underlying genetic differences that can provide further insight into neurodevelopment or further management. It is possible that the genetic testing returns with a genetic difference that has unclear significance. Genetic testing could give you valuable information that could be a consideration for planning your family. In general, parents have a 15% chance of having a second child with autism.”*
* If follow-up visit is done by telemed, place lab orders from smart set and send communication to GP3OHO Admin to call family to schedule nurse visit. Alternately, testing could be done at next WCC if due soon.   Use chart sticky note to place a reminder to obtain labs.
* If family accepts testing, or wants to check insurance coverage first, select “information on genetic tests” in smart set patient instructions to pull genetic test info into AVS

**Other Topics Addressed During the Visit Should Include:**

* Priority parental concerns, medications, feeding/diet, sleep, behavior, toileting, development, therapies
* Therapies recommended for children with ASD include those below, plus feeding and physical therapy if needed:
  + Speech therapy - to enhance functional communication and social language
  + Occupational therapy - to develop adaptive/self-care skills (bathing, dressing, grooming, toileting, and feeding), functional early classroom skills, and address sensory/motor differences
  + ABA therapy - a type of behavior therapy helpful for children with ASD that explores what affects a child’s behavior and ability to learn. This information is used to teach new skills, promote new functional behaviors, and decrease problematic or challenging behaviors
* Ensure patient connected to TEIS (under 36 mo) or Head Start/school (>/= 36 mo)
* Include ASD resource phrases for areas of concern in AVS – include Caregiver First Steps phrase for all patients
* Consider demonstrating the use of visual supports using the demo samples in workrooms

**What if the first visit after ASD diagnosis is scheduled as a WCC instead of an ASD-specific follow-up visit?**

* Schedule a separate ASD-specific follow-up visit in a few weeks, **OR:**
* Pull ASD follow-up visit note template into WCC note to prompt ASD-specific questions (search smart text box for “VUMC AMB AUTISM” or select note template from your saved favorites – *must delete “physical exam” section from WCC note first*)
* ASD smart set is always accessible at any visit, especially easy if you have saved it as a favorite – use it to choose relevant orders/medications/resource phrases during WCC
* ASD resource phrases are also accessible outside smart set – pull into patient instructions section of AVS by name at any visit. View the [linked module](onenote:#ASD%20Resource%20Phrases&section-id={2B3AC869-9818-4653-8F6B-BE3C86E8EBC4}&page-id={53A76448-9563-49AF-B9BF-8669C3B64E3E}&end&base-path=https://vumc365.sharepoint.com/sites/PedsGeneralPediatrics/Shared%20Documents/Handy%20Dandy%20Vandy%20-%20Itty%20Bitty/HDV/Handy%20Dandy%20Vandy/3.%20Clinical%20Care/Autism%20Spectrum%20Disorder%20(ASD).one) for additional information.

**Additional Notes**

* Learn more about standard of care following new ASD diagnosis: <https://pediatrics.aappublications.org/content/145/1/e20193447>