



Summary of NICE Guidelines

Title	Autism: Recognition, referral and diagnosis of children and young people on the autism spectrum
NICE Reference	CG 128
Date of Review:	09/2014
Date of Publication	09/2011
Summary of Guidance	<ul style="list-style-type: none">• Regression of language or social skills in children <3yrs should generate referral to paediatrician initially with subsequent referral to the autism team, if required.• Medical investigations should not routinely be performed as part of autism diagnostic assessment. The individual's circumstances and physical examination findings should be used in conjunction with clinical judgment.• Genetic tests may be recommended by regional genetics centres (e.g. if there are specific dysmorphic features, congenital anomalies and/or evidence of intellectual disability) to aid differential diagnoses. Electroencephalography may be required if there is suspicion of epilepsy.• Following diagnosis, discuss with parents, child and share information with key healthcare professionals. Provide access to support facilities and services.
Impact on Lab (See Appendix 1)	■ None
Lab professionals to be made aware	<ul style="list-style-type: none">• Chemical Pathologist• Clinical Scientist
Please detail the impact of this guideline (Max 150 words)	Genetic testing may improve the diagnosis of autism; however it is not widely used. Clinical Scientist or Chemical Pathologist should refer queries to Clinical Genetics department.

Appendix 1

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.