

**National Institute for Health and Clinical Excellence**

**Clinical guideline: Autism in children**

**PRE-PUBLICATION CHECK ERROR TABLE**

	Organisation	Order number	Section number in FULL guideline	Page number	<b>ERROR REPORT</b>	<b>RESPONSES</b>
1.	UK National Screening Committee	1	General		My only comment is that it would be helpful if all references to screening could be removed. In effect what you are talking about is diagnostic assessment and clear water between population screening and clinical work up of a child with potential problems would be helpful	Thank you for your comment. The reference to screening has been changed to “tools to identify children and young people with an increased likelihood of ASD.
2.	RCPCH	1	Key priorities for implementation	10	The statement, “improving early recognition of ASD by raising awareness of the signs and symptoms of ASD through multi-agency training (see tables 1–3)” should be bulleted.	Thank you for your comment. This amendment has now been made.
3.	RCPCH	2	1.3	18	Recommendation 35: the figure 35 in the left hand column and the section number (4.16) in the right hand column should be moved up one line to appear at the beginning of the recommendation.	Thank you for your comment. The recommendation begins “When deciding to carry out...”.The line above is part of the previous recommendation (recommendation 34). Therefore the number is correct where it currently is.

4.	RCPCH	3	1.3	18	Recommendation 35 refers back to recommendation 32, but this should be to recommendation 33 not 32.	Thank you for your comment. This amendment has now been made.
5.	RCPCH	4	1.4	31	Yellow flow chart (Recognition and referral): In the first box in the second row (that begins, "Refer first to a paediatrician or..."), at the end of the second bullet point the phrase, "the ASD team if necessary" should be deleted.	Thank you for your comment. This error will be corrected in the QRG version of the pathway which will replace this version in the final publication.
6.	RCPCH	5	1.4	32	Blue flow chart (After referral to the ASD team): In the third box along of the second row of boxes (that begins, "When deciding whether to carry out..."), recommendation 32 should be changed to 33.	Thank you for your comment. This error will be corrected in the QRG version of the pathway which will replace this version in the final publication.
7.	RCPCH	6	4.12	93	Recommendation 35 refers back to recommendation 32, but this should be to recommendation 33 not 32.	Thank you for your comment. This amendment has now been made.
8.	RCPCH	7	4.16	96	Recommendation 35 refers back to recommendation 32, but this should be to recommendation 33 not 32.	Thank you for your comment. This amendment has now been made.
9.	Whitstone Head Educational (Charitable) Trust Limited	1	1.4	31	Second box down in the first column on the left hand side of diagram - the second bullet point reads: " <u>of</u>	Thank you for your comment. This error will be corrected in the QRG version of the pathway which will replace this version in the final publication.

					<p><u>any age with regression in motor skills.the ASD team if necessary”</u></p> <p>It should read: “of any age with regression in motor skills.”</p>	
10.	Whitstone Head Educational (Charitable) Trust Limited	2	2.1	35	<p>Second paragraph – End of line 7 / start of line 8 reads: “Co-occurrence”</p> <p>It should read: “Co-occurrence”</p>	Thank you for your comment. This amendment has now been made.
11.	Whitstone Head Educational (Charitable) Trust Limited	3	2.1	35	<p>Second paragraph – Second word in from end of line 10 reads: “heterogenous”</p> <p>It should read: “heterogeneous”</p>	Thank you for your comment. This amendment has now been made.
12.	Whitstone Head Educational (Charitable) Trust Limited	4	2.1.3	36	<p>First paragraph – Seventh word in from start of line 9 reads: “heterogenous”</p> <p>It should read: “heterogeneous”</p>	Thank you for your comment. This amendment has now been made.
13.	Whitstone Head Educational (Charitable) Trust Limited	5	2.6.9	50	<p>Second paragraph – First word in line 6 reads: “issues”</p> <p>It should read: “issues”</p>	Thank you for your comment. This amendment has now been made.
14.	Whitstone Head Educational (Charitable) Trust Limited	6	3.4	60	<p>Subsection – Other considerations - First paragraph – Sixth word in from start of line 3 reads: “patterms”</p>	Thank you for your comment. This amendment has now been made.

					It should read: "patterns"	
15.	Whitstone Head Educational (Charitable) Trust Limited	7	3.4	60	Subsection – Other considerations - Fifth paragraph – First word in line 9 reads: "predicatability"  It should read: "predictability"	Thank you for your comment. This amendment has now been made.
16.	Whitstone Head Educational (Charitable) Trust Limited	8	3.4	64	Third paragraph – Second word in line 18 reads: "nuerology"  It should read: "neurology"	Thank you for your comment. This amendment has now been made.
17.	Whitstone Head Educational (Charitable) Trust Limited	9	3.4	65	First paragraph – Second and third words in from end of line 2 read: "to" "to" (double use of the word "to")	Thank you for your comment. This amendment has now been made.
18.	Whitstone Head Educational (Charitable) Trust Limited	10	3.4	65	Sixth paragraph – Third word in line 1 reads: "consesnsus"  It should read: "consensus"	Thank you for your comment. This amendment has now been made.
19.	Whitstone Head Educational (Charitable) Trust Limited	11	4	77	First paragraph – Ninth and tenth words in line 12 read: "it" "it" (double use of the word "it")	Thank you for your comment. This amendment has now been made.
20.	Whitstone Head Educational (Charitable) Trust Limited	12	4.4	82	Third paragraph – Fifth word in line 2 reads: "competancy"  It should read:	Thank you for your comment. This amendment has now been made.

					“competency”	
21.	Whitstone Head Educational (Charitable) Trust Limited	13	4.16	95	Second paragraph – Sixth word in line 8 reads: “who”  It should read: “that”	Thank you for your comment. This amendment has now been made.
22.	Whitstone Head Educational (Charitable) Trust Limited	14	4.16	95	Sixth paragraph – Line 1 reads: “medical opinion should be sought in the first instance who can refer”  It should perhaps read: “medical opinion should be sought in the first instance <u>from a professional</u> who can refer”	Thank you for your comment. This amendment has now been made.
23.	Department of health	1			Those expected to recognise ASD will use the quick reference guide, which has yet to be produced. There is so much detail in this guideline that the presentation of the information in pages 26-31 to health professionals, including GPs and general paediatricians, will be crucial to the initial part of successful implementation, that is, recognising and referring the right children	Thank you.
24.	Faculty of Dental Surgery, Royal College Of Surgeons of	1			When it talks about the core team of professionals and the	Thank you for your comment. This is not an issue of factual accuracy but relates to the content of the recommendations. The stakeholder consultation

	England				<p>“wider team” it is important that paediatric dentists are seen as part of the wider team..</p> <p>Early dental intervention is absolutely vital in terms of prevention and acclimatisation. Furthermore, sensory defensiveness can impact on the delivery of dental care, good and varied nutrition, oral hygiene etc etc.</p>	<p>(prior to the pre publication check) is the appropriate stage of the NICE guideline development process to raise these issues as changes to the content and meaning of the recommendations cannot be changed after that.</p>
25.	Faculty of Dental Surgery, Royal College Of Surgeons of England	2			Information for parents signposting to ASD related dental material ( guidance/leaflets on NAS website?)	Thank you for your comment. However this is not an issue of factual accuracy.
26.	Betsi Cadwaladr University Health board	1	1.2	10	<i>No mention of dietitians in the list of professionals to include/have access to</i>	Thank you for your comment. This is not an issue of factual accuracy but relates to the content of the recommendations. The stakeholder consultation (prior to the pre publication check) is the appropriate stage of the NICE guideline development process to raise these issues as changes to the content and meaning of the recommendations cannot be changed after that.
27.	Betsi Cadwaladr University Health board	2	1.3	13	No mention of dietitians in point 4 and/or 5	Thank you for your comment. However this is not an issue of factual accuracy

28.	Betsi Cadwaladr University Health board	3	1.4	31	General – no mention of dietitians as above	Thank you for your comment. However this is not an issue of factual accuracy
29.	Association of Educational Psychologists	1			<p>The Association of Educational Psychologists very much welcomes the commissioned work by NICE on assessing ASD in children and young people.</p> <ol style="list-style-type: none"> <li>1. Work with children who may have ASD is a key part of the casework of Educational Psychologists (EPs) across the country. In particular we welcome:-</li> <li>2. Para 1.2 Key priorities for implementation, recognising the role of the educational psychologist in an ASD multidisciplinary team. (pages 10 &amp; 13)</li> <li>3. The recommendation that 'an</li> </ol>	Thank you.

educational psychologist is also named as a member of the core ASD diagnostic team'. (p.98)

4. Core members of the ASD team should include...a clinical and/or educational psychologist. (p.119)

5. The recognition 'that both clinical and educational psychologists have skills relevant to diagnosing ASD and that these skills are different'. (p.119)

6. If an educational psychologist is not a core member of the team, then the core team should have regular access

to someone with these skills. (p.119)

7. The membership of the ASD team should be a dedicated role. (p.120)
8. We concur that ASD specific diagnostic assessments must always include consideration and elucidation of the young person's educational experience.
9. In relation to the comment in 5.21 on the assessment of intelligence or general cognitive ability, the two cognitive assessments most commonly used by EPs in Britain are the British Ability Scales (BAS II),

of which a revised version (BAS III) is due out in September 2011, and the Wechsler Intelligence Scale for Children (WISC IV). These are both recognised standardised assessments.

10. We believe that the EP has a key role in formulating and providing information to the Multi-disciplinary Team through a combination of:

- (A) cognitive assessment;
- (B) contextual observation;
- (C) inclusive consultation.

These methods together can provide a rich picture of the child to inform a clinical diagnosis, where

					appropriate. They can also provide an alternative hypothesis when a spectrum diagnosis is inappropriate.	
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