

ARND: Alcohol-Related Neurodevelopmental Disorder; FASD: Fetal Alcohol Spectrum Disorder; FAS: Fetal Alcohol Syndrome; pFAS: partial Fetal Alcohol Syndrome; NB-AE: Neurobehavioral Disorder – Alcohol Exposed; SE-AE: Static Encephalopathy – Alcohol Exposed.

§ The DSM-5 stipulates that this is considered a condition for future study and not a current diagnosis.

*Q86.0: Fetal Alcohol Syndrome dysmorphic.

**Q86.8 Other congenital malformation syndromes due to known exogenous causes.

***Alternate Canadian Institute for Health Information code for partial FAS or other variants and Q86(p) for non-dysmorphic FASD.

APPENDIX B

Appraisal of Guidelines, Research and Evaluation (AGREE II) Instrument [10]

| <i>AGREE II Item</i> | <i>Criteria Met</i> |
|--|---------------------|
| Domain 1: Scope and Purpose | |
| 1. The overall objective(s) of the guideline is (are) specifically described. | Yes |
| 2. The health question(s) covered by the guideline is (are) specifically described. | Yes |
| 3. The population (patients, public, etc.) to whom the guideline is meant to apply are specifically described. | Yes |
| Domain 2: Stakeholder involvement | |
| 4. The guideline development group includes individuals from all the relevant professional groups. | Yes |
| 5. The views and preferences of the target population (patients, public, etc.) have been sought. | Yes |
| 6. The target users of the guideline are clearly defined. | Yes |
| Domain 3: Rigour of development | |
| 7. Systematic methods were used to search for evidence. | Yes |
| 8. The criteria for selecting the evidence are clearly described. | Yes |
| 9. The strengths and limitations of the body of evidence are clearly described. | Yes |
| 10. The methods for formulating the recommendations are clearly described. | Yes |
| 11. The health benefits, side effects and risks have been considered in formulating the recommendations. | Yes |
| 12. There is an explicit link between the recommendations and the supporting evidence. | Yes |

| | |
|--|-----|
| 13. The guideline has been externally reviewed by experts prior to its publication. | Yes |
| 14. A procedure of updating the guideline is provided. | Yes |
| Domain 4: Clarity of presentation | |
| 15. The recommendations are specific and unambiguous. | Yes |
| 16. The different options for management of the condition or health condition are clearly presented. | Yes |
| 17. Key recommendations are easily identifiable. | Yes |
| Domain 5: Applicability | |
| 18. The guideline describes facilitators of and barriers to its application | Yes |
| 19. The guideline provides advice or tools on how the recommendations can be put into practice. | Yes |
| 20. The potential resource implications of applying the recommendations have been considered. | Yes |
| 21. The guideline presents monitoring or auditing criteria. | Yes |
| Domain 6: Editorial independence | |
| 22. The views of the funding body have not influenced the content of the guideline. | Yes |
| 23. Competing interests of members of the guidelines development group have recorded and addressed. | Yes |

APPENDIX C

Search Strategies – only relevant retrievals included

PubMed

| Search Terms | Retrievals |
|---|------------|
| Date Publication: "2005-present" Title/Abstract: "fetal alcohol" Title/Abstract: "diagnosis" | 138 |
| Date Publication: "2005-present" Title/Abstract: "fetal alcohol" Title/Abstract: "diagnostic*" | 138 |
| Date Publication: "2005-present" Title/Abstract: "fetal alcohol" Title/Abstract: "diagnosis" Title/Abstract: "infant*" | 10 |
| Date Publication: "2005-present" Title/Abstract: "prenatal alcohol" Title/Abstract: "diagnosis" | 56 |
| Date Publication: "2005-present" Title/Abstract: "prenatal alcohol" Title/Abstract: "diagnosis" Title/Abstract: "infant" | 2 |
| Date Publication: "2005-present" Title/Abstract: "fetal alcohol" Title/Abstract: "diagnosis" Title/Abstract: "adult" | 7 |
| Date Publication: "2005-present" Title/Abstract: "prenatal alcohol" Title/Abstract: "diagnosis" Title/Abstract: "adult" | 5 |
| Date Publication: "2005-present" Title/Abstract: "prenatal alcohol" Title/Abstract: "infant" | 36 |
| Date Publication: "2005-present" Title/Abstract: "prenatal alcohol" Title/Abstract: "adult" | 40 |

PSYCHLIT

| Search Terms | Retrievals |
|--|-------------------|
| Date Publication: "2005-present" Abstract: "fetal alcohol" | 9 |
| Date Publication: "2005-present" Abstract: "prenatal alcohol" | 7 |
| Date Publication: "2005-present" All fields: "fetal alcohol" | 12 |

MEDSCAPE

| Search Terms | Retrievals |
|--|-------------------|
| Date Publication: "2005-present" Abstract: "fetal alcohol" | 9 |
| Date Publication: "2005-present" Abstract: "prenatal alcohol" | 7 |
| Date Publication: "2005-present" All fields: "fetal alcohol" | 12 |

OVID-MEDLINE

| Search Terms | Retrievals |
|---|-------------------|
| Date Publication: "2005-present" Keywords: "fetal alcohol" AND "infant*" and "diagnosis" | 60 |
| Date Publication: "2005-present" Keywords: "fetal alcohol" AND "adult*" and "diagnosis" | 7 |

APPENDIX D
Grading of Recommendations Assessment, Development, and Evaluation (GRADE)
Approach to Practice Guidelines [11, 144, 145]

| <i>Strength of the Recommendation</i> | <i>Definition</i> |
|---|---|
| Strong | Highly confident of the balance between desirable and undesirable consequences (i.e., desirable consequences outweigh the undesirable consequences; or undesirable consequences outweigh the desirable consequences). |
| Weak* | Less confident of the balance between desirable and undesirable consequences. |
| <i>Quality level of a body of evidence</i> | <i>Definition</i> |
| High ++++ | We are very confident that the true effect lies close to that of the estimate of the effect. |
| Moderate +++0 | We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different. |
| Low ++00 | Our confidence in the effect estimate is limited. The true effect may be substantially different from the estimate of the effect. |
| Very Low +000 | We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect |

**Weak recommendations should not be misinterpreted as weak evidence or uncertainty of the recommendation.*

Examples:

Strong, Moderate|+++0: Strong Recommendation, Moderate Quality of Evidence

Weak, Low|++00: Weak Recommendation, Low Quality of Evidence

APPENDIX E

Alcohol Use in Pregnancy

A. Society of Obstetricians and Gynaecologists of Canada: Alcohol use and pregnancy consensus clinical guidelines [19].

SUMMARY STATEMENTS

1. There is evidence that alcohol consumption in pregnancy can cause fetal harm. There is insufficient evidence regarding fetal safety or harm at low levels of alcohol consumption in pregnancy.
2. There is insufficient evidence to define any threshold for low-level drinking in pregnancy.
3. Abstinence is the prudent choice for a woman who is or might become pregnant.
4. Intensive culture-, gender-, and family-appropriate interventions need to be available and accessible for women with problematic drinking and/or alcohol dependence.

RECOMMENDATIONS

1. Universal screening for alcohol consumption should be done periodically for all pregnant women and women of child-bearing age. Ideally, at risk drinking could be identified before pregnancy, allowing for change.
2. Health care providers should create a safe environment for women to report alcohol consumption.
3. The public should be informed that alcohol screening and support for women at risk is part of routine women's health care.
4. Health care providers should be aware of the risk factors associated with alcohol use in women of reproductive age.
5. Brief interventions are effective and should be provided by health care providers for women with at-risk drinking.
6. If a woman continues to use alcohol during pregnancy, harm reduction/treatment strategies should be encouraged.
7. Pregnant women should be given priority access to withdrawal management and treatment.
8. Health care providers should advise women that low-level consumption of alcohol in early pregnancy is not an indication for termination of pregnancy.

B. Standard Drink and Binge Definitions

In Canada

- 1 Standard Drink = 13.6 g alcohol
 - = 341 mL = 12 oz of 5% alcohol beer
 - = 142 mL = 5 oz of 12% wine
 - = 43 mL = 1.5 oz of 40% distilled liquor
 - = ~0.5 oz AA

- 2 Standard Drinks = 1 oz AA

Standard Alcohol Units*

*International Center for Alcohol Policies-

<http://www.icap.org/PolicyTools/ICAPBlueBook/> - Module 20. Standard Drinks.

| <i>Standard Drink (grams of ethanol)</i> | <i>Country</i> |
|--|---|
| 8 | UK |
| 9.9 | Netherlands |
| 10 | Australia, Austria, France, Ireland, New Zealand, Poland, Spain |
| 11 | Finland |
| 12 | Denmark, Italy, South Africa |
| 13.6 | Canada |
| 14 | Portugal, USA |

4-Digit Diagnostic Code Definition of “High” PAE

- >100mg/dL weekly alcohol (6-8 beers in a 55 kg woman) =6-8 standard drinks = (81.6-108.8g alcohol)

DSM-5 Definitions

- Criteria “A” is ‘more than minimal exposure to alcohol during gestation, including prior to pregnancy recognition’
- Minimal drinking is up to 13 drinks a month, with no more than 2 drinks on the same occasion (pg. 799)

Binge Definitions

- Generally 4-5 drinks/occasion
- Centre for Addiction and Mental Health; Canadian Centre on Substance Abuse and Statistics Canada (CAN):
 - Binge for women: 4 or more drinks
 - Binge for men: 5 or more drinks
- National Institute on Alcohol Abuse and Alcoholism (USA):
 - Blood Alcohol Concentration at or over 0.08% (For the typical woman, this translates to roughly 3 ½ to 4 standard drinks in 2 hours)

APPENDIX F
Examples of Neurodevelopmental Tests[§]

(§These tests are appropriate when English is the dominant language)

Notes

1. In all domains discussed, the “clinical cut-off” is defined as the 3rd percentile or 2 standard deviations below the mean. Please refer to the **Neurodevelopmental Assessment** section for more information.
2. Tests below are suggestions for most common situations but need to be considered in the context of each patient (i.e., hearing impaired, English as a second language etc.).
3. Standardized assessment results should be corroborated by informal observations and parent report.

| | 0-3 months | 3-18 months | 18-36 months | 36 months- 6 years | 7-18 years | 18+ years |
|----------------------------|--|--|--|--|---|---|
| <i>Motor Skills</i> | -AIMS -Neuro-logical examination* | -AIMS -Neuro-logical examination* | -PDMS-2 -M-FUN -Neuro-logical examination* | -M-FUN -BOT-2 -BEERY VMI | -Abnormal neurological signs (e.g., motor tone, reflexes)* -Movement-ABC-2 -BOT-2 -BEERY VMI -RCFT -PDMS-2 | -Abnormal neurological signs (e.g., motor tone, reflexes)* -BEERY VMI -Grip strength -Grooved pegboard -Finger Tapping -RCFT |

| | | | | | | |
|--|--|--|--|---|---|--|
| <i>Neuroanatomy / Neurophysiology</i> | -Micro-cephaly -Abnormal structure seen on brain imaging -Seizure Disorder | -Micro-cephaly -Abnormal structure seen on brain Imaging -Seizure Disorder | -Micro-cephaly -Abnormal structure seen on brain Imaging -Seizure Disorder |
| <i>Cognition</i> | -Bayley-III* | -Bayley-III* | -Bayley-III* | -WPPSI-IV -DAS-II | -WISC-IV/V -DAS-II | -WAIS-IV |
| <i>Language</i> | -PLS-5* -REEL-3* | -PLS-5* -REEL-3* | -PLS-5 -REEL-3* | -PLS-5 -CELF-5 -PPVT-4 -EVT-2 -RBS -Language Usage Sample Analysis | -PLS-5 -CELF-5 -PPVT-4 -EVT-2 -TNL -Language Usage Sample Analysis | -CELF-5 -PPVT-4 -EVT-2 -Language Usage Sample Analysis |
| <i>Academic Achievement</i> | N/A | N/A | N/A | -BBCS -WIAT-3 -DAS-2: School | -DAS-2 -WIAT-3 -WJ III ACH | -WIAT-3 -WRAT-IV -WJ III ACH |

| | | | | | | |
|---------------------------|-----|-----|------|--|--|---|
| | | | | Readiness Battery | | |
| Memory | N/A | N/A | N/A | -NEPSY-II -DAS-2 -KABC-II | - CMS -WRAML-2 -NEPSY-II -CVLT-C -RCFT | -WMS-IV -WRAML -CVLT-2 -RCFT |
| Attention | N/A | N/A | N/A | -Parent and teacher questionnaires and interviews (e.g., CBCL, BASC-2, SNAP-IV*), plus clinical observation -CPT *With other clinical evidence | -Parent and teacher questionnaires and interviews (e.g., CBCL, BASC-2, SNAP-IV*), plus clinical observation -CPT -TEACH *With other clinical evidence | -Parent questionnaires (e.g., SNAP-IV) -Clinical judgement and observation -CPT |
| Executive function | N/A | N/A | -N/A | -NEPSY-II (5+ years) | -RCFT -Clinical | -BADS -BRIEF |

| | | | | | | |
|---------------------------------|-------|-------|----------------|--|---|---|
| | | | | -Clinical assessment including clinical interviews, file reviews and parent/teacher rating scales (e.g., BRIEF) -CEFI (5-18 years) -WCST | observations -TOPS-3E -TOPS-2A -SLDT-E -SLDT-A -D-KEFS -CEFI (5-18 years) -BRIEF -WCST -NEPSY-II -Working memory scales from WISC-IV/V or WRAML-2 | -WCST -D-KEFS -RCFT -Working memory scales from WAIS-IV or WRAML-2 |
| <i>Affect Regulation</i> | -CTS* | -CTS* | CTS* ITSEA* | -Dx of anxiety and/or depression disorder | -Dx of anxiety and/or depression disorder | -Dx of anxiety and/or depression disorder |

| | | | | | | |
|--|----------------------|----------------------|----------------------|--|---|--|
| | | | | -CTS* -Clinical Interview -BASC-2 -CBCL | -Clinical Interview -Self-Report Questionnaires (BDI-II, BAI, MASC 2, CDI 2) | -Clinical Interview -Self-Report Questionnaires (BDI-II, BAI, MASC 2) |
| Adaptive behaviour, social skills OR social communication | -ABAS-II -VABS-II | -ABAS-II -VABS-II | -ABAS-II -VABS-II | -ABAS-II -VABS-II | -ABAS-II -VABS-II -SLDT-E -SLDT-A | -ABAS-II -VABS-II |

**Measures marked with an asterisk are considered to have lower reliability in a given age category and are only to be used towards diagnosis when all three sentinel facial features and confirmed prenatal alcohol exposure are both present or when delays in this domain are considered so profound as to overcome the poor reliability of the measure.*

Key to Acronyms

ABAS-II: Adaptive Behavior Assessment System, Second Edition¹

AIMS: Alberta Infant Motor Scale²

BADS: Behavioral Assessment of the Dysexecutive Syndrome³

¹ Harrison P, Oakland T. *Adaptive Behavior Assessment System, Second Edition*. Pearson: 2003.

² Piper M, Darrah J. *Motor Assessment of the Developing Infant*. Philadelphia, PE: WB Saunders; 1994.

³ Wilson BA, Emslie H, Evans JJ, Alderman N, Burgess PW. *Behavioral Assessment of the Dysexecutive Syndrome (BADS)*. Pearson; 1996.

BAI: Beck Anxiety Inventory⁴
BASC-2: Behavior Assessment For Children, Second Edition⁵
Bayley-III: Bayley Scales of Infant and Toddler Development, Third Edition⁶
BBCS-3: R: Bracken Basic Concept Scale, Third Edition: Receptive⁷
BDI-II: Beck Depression Inventory⁸
BEERY-VMI: Beery Buktenica Developmental Test of Visual-Motor Integration⁹
BOT-2: Bruininks-Oseretsky Test of Motor Proficiency, Second Edition¹⁰
BRIEF: Behavior Rating Inventory of Executive Function¹¹
CBCL: Child Behavior Checklist¹²
CDI 2: Children's Depression Inventory 2¹³
CEFI: Comprehensive Executive Function Inventory¹⁴
CELF-5: Clinical Evaluation of Language Fundamentals, Fifth Edition¹⁵
CMS: Children's Memory Scale¹⁶
Conners CPT 3: Conners Continuous Performance Test, Third Edition¹⁷
CTS: Carey Temperament Scales¹⁸
CVLT-C: California Verbal Learning Test – Children's Version¹⁹

⁴ Beck AT. *Beck Anxiety Inventory*. Pearson;1993.

⁵ Reynolds CR, Kamphaus RW. *Behavior Assessment System for Children, Second Edition*. Pearson; 2004.

⁶ Bayley, N. *Bayley Scales of Infant and Toddler Development, Third Edition*. Pearson; 2005.

⁷ Bracken BA. *Bracken Basic Concept Scale, Third Edition: Receptive*. Pearson, 2006.

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¹³ Kovacs M. *Children's Depression Inventory 2*. Pearson; 2010.

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¹⁶ Cohen M. *Children's Memory Scale*. Pearson, 1997.

¹⁷ Conners CK. *Conners Continuous Performance Test 3*. MHS Assessments; 2014.

¹⁸ Carey WB, MacDevitt SC & Associates. *Carey Temperament Scales*. 2007.

¹⁹ Delis DC, Kramer JH, Kaplan E, Ober BA. *California Verbal Learning Test – Children's Version*. Pearson; 1994.

DAS-II: Differential Ability Scales, Second Edition²⁰
D-KEFS: Delis-Kaplan Executive Function System²¹
EVT-2: Expressive Vocabulary Test, Second Edition²²
ITSEA: Infant Toddler Social Emotional Assessment²³
KABC-II: Kaufman Assessment Battery for Children, Second Edition²⁴
MASC 2: Multidimensional Anxiety Scale for Children, Second Edition²⁵
Movement-ABC-2: Movement Assessment Battery for Children, Second Edition²⁶
M-FUN: Miller Function and Participation Scales²⁷
NEPSY-II: NEPSY, Second Edition²⁸
PDMS-2: Peabody Developmental Motor Scales, Second Edition²⁹
PLS-5: Preschool Language Scales, Fifth Edition³⁰
PPVT-4: Peabody Picture Vocabulary Test, Fourth Edition³¹
RBS: Renfrew Bus Story³²
RCFT: Rey Complex Figure Test and Recognition Trial³³
REEL-3: Receptive Expressive Emergent Language Scale, Third Edition³⁴

²⁰ Elliott CD. *Differential Ability Scales, Second Edition*. Pearson; 2007.

²¹ Delis DC, Kaplan E, Kramer JH. *Delis-Kaplan Executive Function System*. Pearson; 2001.

²² Williams KT. *Expressive Vocabulary Test, Second Edition*. Pearson; 2007.

²³ Carter A, Briggs-Gowan M. *Infant Toddler Social Emotional Assessment*. Pearson; 2006.

²⁴ Kaufman AS, Kaufman NL. *Kaufman Assessment Battery for Children, Second Edition*. Pearson, 2004.

²⁵ March JS. *Multidimensional Anxiety Scale for Children, Second Edition*. Pearson; 2012.

²⁶ Henderson SE, Sugden DA, Barnett AL. *Movement Assessment Battery for Children, Second Edition (Movement ABC-2)*. Examiner's manual. London: Harcourt Assessment; 2007.

²⁷ Miller LJ. *The Miller function & participation scales*. Harcourt Assessment, Inc.; 2006

²⁸ Korkman M, Kirk U, Kemp S. *NEPSY, Second Edition*. Pearson; 2007.

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³¹ Dunn LM, Dunn DM. *Peabody Vocabulary Test, Fourth Edition*. Pearson; 2007.

³² Glasgow C, Cowley J. *Renfrew Bus Story test - North American Edition*. Centreville, DE: Centreville School; 1994.

³³ Meyers JE, Meyers KR. *Rey Complex Figure Test and Recognition Trial*. PAR; 1996.

³⁴ Bzoch KR, League R, Brown VL. *Receptive Expressive Emergent Language Scale, Third Edition*. PRO-ED; 2003.

- SLDT-A:** The Social Language Development Test - Adolescent³⁵
SLDT-E: The Social Language Development Test - Elementary³⁶
SNAP-IV: Swanson, Nolan, and Pelham-IV Parent and Teacher Rating Scales³⁷
TEA-Ch: Test of Everyday Attention for Children³⁸
TNL: Test of Narrative Language³⁹
TOPS-2A: Test of Problem Solving - Adolescent, Second Edition⁴⁰
TOPS-3E: Test of Problem Solving - Adolescent, Third Edition⁴¹
VABS-II: Vineland Adaptive Behavior Scales⁴²
WAIS-IV: Wechsler Adult Intelligence Scale, Fourth Edition⁴³
WCST: Wisconsin Card Sorting Task⁴⁴
WIAT-III: Wechsler Individual Achievement Test, Third Edition⁴⁵
WISC-IV/V: Wechsler Intelligence Scales for Children, Fourth/Fifth Edition⁴⁶
WJ III ACH: Woodcock-Johnson III Tests of Achievement⁴⁷
WMS-IV: Wechsler Memory Scales, Fourth Edition⁴⁸
WPPSI-IV: Wechsler Preschool and Primary Scales of Intelligence, Fourth Edition⁴⁹
WRAML-2: Wide Range Assessment of Memory and Learning, Second Edition⁵⁰

³⁵ Bowers L, Huisingsh R, LoGuidice C. *The Social Language Development Test – Adolescent*. East Moine, IL: Linguisystems; 2010

³⁶ Bowers L, Huisingsh R, LoGuidice C. *The Social Language Development Test – Elementary*. East Moine, IL: Linguisystems; 2010

³⁷ Swanson JM, Nolan W, Pelham WE. *SNAP-IV Teacher and Parent Rating Scale*. 1992

³⁸ Manly T, Robertson IH, Anderson V, Nimmo-Smith I. *Teach of Everyday Attention for Children*. Pearson; 1998.

³⁹ Gillam RA, Pearson, NA. *The Test of Narrative Language*. PRO-ED; 2004.

⁴⁰ Bowers L, Huisingsh R, LoGuidice C. *Test of Problem Solving – Adolescent, Second Edition*. East Moine, IL: Linguisystems; 2007.

⁴¹ Bowers L, Huisingsh R, LoGuidice C. *Test of Problem Solving – Elementary, Third Edition*. East Moine, IL: Linguisystems; 2005.

⁴² Sparrow S, Cicchetti D, Balla D. *Vineland Adaptive Behavior Scale, Second Edition*. Circle Pines, MN: AGS; 2006.

⁴³ Wechsler, D. *Wechsler Adult Intelligence Scale, Fourth Edition*. San Antonio, TX: The Psychological Corporation; 2008.

⁴⁴ Grant DA, Berg EA. *Wisconsin Card Sorting Test*. PAR; 1993.

⁴⁵ Wechsler D. *Wechsler Individual Achievement Test, Third Edition*. Pearson; 2009.

⁴⁶ Wechsler D. *Wechsler Intelligence Scales for Children, Fourth/Fifth Edition*. Pearson; 2003.

⁴⁷ Wendling BJ, Schrank FA, Schmitt AJ. *Woodcock-Johnson III Tests of Achievement*. Rolling Meadows, IL: The Riverside Publishing Company; 2007.

⁴⁸ The Psychological Corporation. *Wechsler Memory Scale, Fourth Edition*. Toronto, ON: NCS Pearson Inc.; 2008.

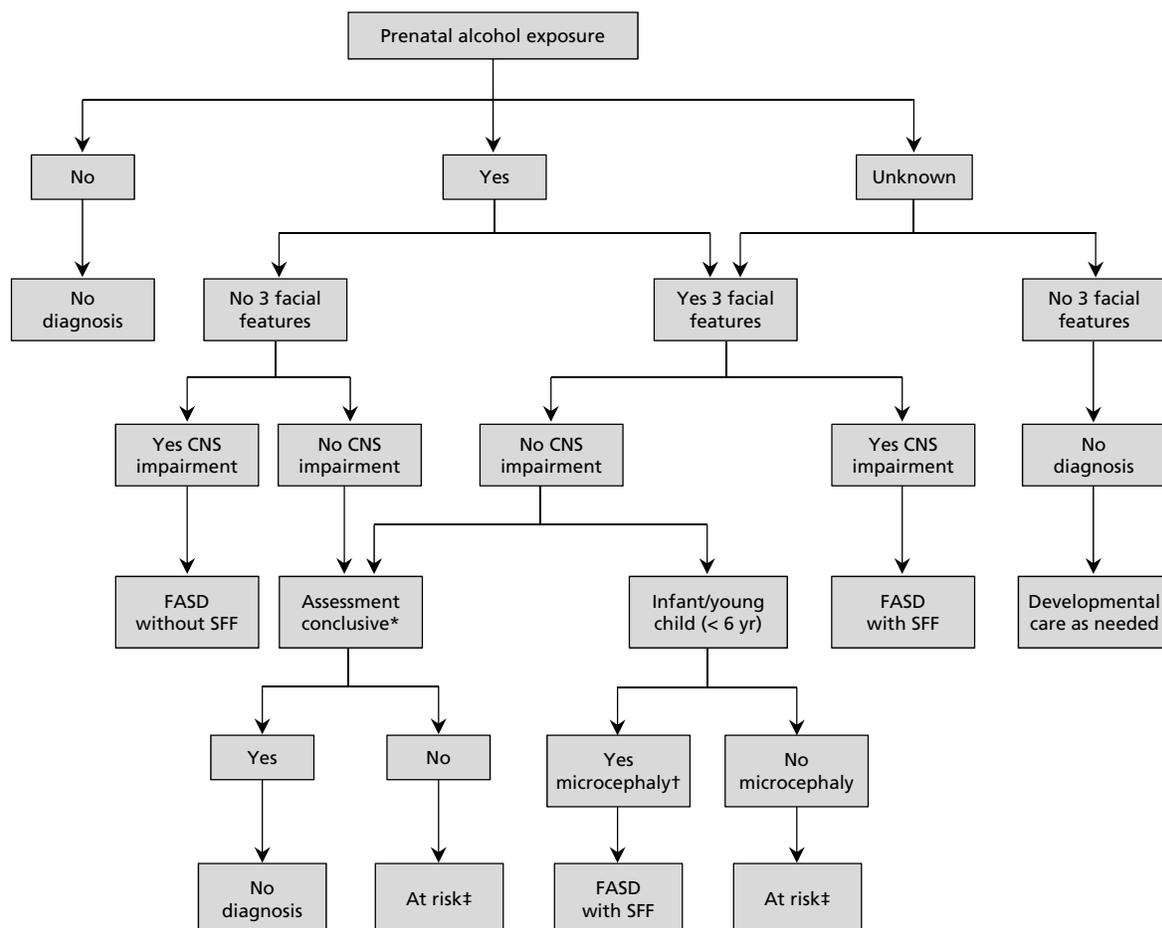
⁴⁹ Wechsler D. *Wechsler Preschool and Primary Scales of Intelligence, Fourth Edition*. Pearson; 2012.

⁵⁰ Sheslow D, Adams W. *Wide Range Assessment of Memory and Learning, Second Edition*. Lutz, FL: Psychological Assessment Resources; 2003

WRAT-4: Wide Range Achievement Test, Fourth Edition⁵¹

⁵¹ Wilkinson GS, Robertson, GJ. *Wide Range Achievement Test, Fourth Edition*. Lutz, FL: Psychological Assessment Resources; 2007.

Appendix G: Diagnostic Algorithm for FASD



*Assessment conclusive = clinician conducting the neurodevelopmental assessment is satisfied that the session was a true representation of the person's ability and that any deficits reported were not due to extenuating circumstances. Assessments may be inconclusive for children under six years of age, because some domains cannot be assessed with confidence until the person is older or because of other confounding factors, such as temporary life stress or illness; see the text for more information.

†Microcephaly is not the only pathway to diagnosis for infants and young children; these individuals may also receive other FASD diagnoses, as specified elsewhere in the algorithm, if they show three areas of substantial impairment on neurodevelopmental tests.

‡At risk for neurodevelopmental disorder and FASD, associated with prenatal alcohol exposure. An at-risk designation includes situations where a full neurodevelopmental assessment is not conclusive because of age or situational factors; therefore, FASD may not be the diagnosis. Clinical judgment is recommended.

Note: CNS = central nervous system (yes/no impairment in ≥ 3 brain domains), SFF = sentinel facial features.⁸

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