ASQ-3 Screening Protocol For PHN Home Visiting Clients between 1 Month and 5.5 Years
v.4-23-13

The purpose of conducting ASQ screening with all PHN clients is to 1) identify children who may be at risk for developmental delay and connect them to early intervention services and 2) educate parents about their child’s development and developmental milestones.

ASQ-3 Required Screening Intervals:

Screening should occur during a visit in which a TCM service will be provided. Clients will be screened with the age-appropriate ASQ-3 tool according to the following schedule:

- Conduct an initial screening with new clients within the first three home visits (to the extent possible) using the age-appropriate ASQ-3. For some newborns, it may not be possible to screen within the first three visits if the infant is not old enough to qualify for the 2-month ASQ.
- Screen at the following ages if the case is still open: 2, 9, 18, 24, 30, 36, 42, 48, 54 and 60 months (these ages may potentially correspond with the initial screening).
- Screen at any additional age based on the assessment of the PHN or if there are parental concerns.
- EXCEPTION: Do not screen if the child is already receiving CAAD services.
- If the child is less than 24 months of age at the time of screening, adjust the age for prematurity if the child was <37 weeks gestation (i.e., born 3 or more weeks before due date).
- If needed, go to [www.asqagecalculator.com](http://www.asqagecalculator.com) to calculate the age and appropriate screening tool.

Instructions for Completing ASQ Forms

The parent/caregiver can complete the ASQ or the PHN and parent/caregiver can complete it together. The questionnaire will not be scanned into Persimmony and can be left with the parent/caregiver.

Scoring Omitted Questions

Use the table below to score omitted questions. If a section has more than two omitted questions, it should not be scored.

<table>
<thead>
<tr>
<th>Area Score for the Questions that Have Responses</th>
<th>Adjusted Total Area Score With One Question Omitted</th>
<th>Adjusted Total Area Score With Two Questions Omitted</th>
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<tr>
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Recommendations for Follow-up Actions Based on Screening Results

If the child has a screening result in the **black** zone:

- Refer the child to resources for further assessment, if eligible, and to appropriate community services.
- Provide detailed learning activities specific to the area(s) with scores in the black zone.
- If the child has a CCHS PCP, document screening result in ccLink as a Documentation Encounter with the following format:

> **CCHS Public Health Nursing is performing developmental screening on children opened for PHN services at designated ages. Your client was screened, and the results indicate the child needs further evaluation in the following area(s):** (menu choices: Communication, Gross Motor, Fine Motor, Problem Solving, Personal-Social).

> The child was referred to: (Regional Center of the East Bay, Early Start, Other) for developmental evaluation.

*If you have any questions about the ASQ, please contact the Pediatric Department.*

*To speak to the PHN assigned to client, contact ________________@__________.*

- If the child has a non-CCHS PCP, notify the PCP of the screening by letter.
- Rescreen in 2 months to monitor changes in development unless the child is already receiving developmental services.
  - If rescreening scores remain black: continue to assist with linkage to further evaluation, and do not rescreen in 2 months. Screen at next designated interval if case is still open.
  - If rescreening scores are white or gray, follow protocols for white or gray scores.

If the child has a screening result in the **gray** zone:

- Refer the child to appropriate community services.
- Provide detailed learning activities specific to the area(s) with scores in the gray zone.
- If the child has a CCHS PCP, document screening result in ccLink as a Documentation Encounter with the following format:

> **CCHS Public Health Nursing is performing developmental screening on children opened for PHN services at designated ages. Your client was screened, and the results indicate the child may be at risk in the following area(s):** (menu choices: Communication, Gross Motor, Fine Motor, Problem Solving, Personal-Social)

> The family was provided with Targeted Intervention Activities to promote appropriate development and will be rescreened by PHN in 2 months. Child was also referred to: (menu choices: First 5 Center, Early Head Start, Head Start, Preschool, N/A)

*If you have any questions about the ASQ, please contact the Pediatric Department.*

*To speak to the PHN assigned to client, contact ________________@__________.*

- If the child has a non-CCHS PCP, notify the PCP of the screening by letter.
- Rescreen in 2 months to monitor changes in development unless the child is already receiving developmental services.
  - If rescreening scores are gray: Follow up with existing referrals on AP, and do not rescreen in 2 months. If all AP problems are completed, close to further services. Screen at next designated interval if case is still open.
  - If rescreening scores are white or black, follow protocols for white or gray scores.

If the PHN or the parent/caregiver has a significant concern about the child’s development or screening scores don’t match PHN expectations or observations:
- Refer the child to resources for further assessment, if eligible, and to appropriate community services
- Provide detailed learning activities specific to the area(s) that correspond to the concern.
- If the child has a CCHS PCP, document screening result in ccLink as a Documentation Encounter (see examples for black and gray zone scores). If the child has a non-CCHS PCP, notify the PCP of the screening by letter.
- Rescreen per guidelines for black or gray zone scores.

If all screening results are in the white zone:
- Provide general activities (grid).
- If the child has a CCHS PCP, document screening result in ccLink as a Documentation Encounter with the following format:

  CCHS Public Health Nursing is performing developmental screening (ASQ 3) on children opened for PHN services at designated ages. Your client was screened and the results were within normal limits for age.

  If you have any questions about the ASQ, please contact the Pediatric Department.

  To speak to the PHN assigned to client, contact __________________@__________.

- If the child has a non-CCHS PCP, notify the PCP of the screening by letter.
- Screen at next required interval.