

Developmental Screening: What Every Nurse Practitioner Needs to Know

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ABSTRACT

Developmental screening is performed to identify quickly and reliably those children whose developmental level is below normal for their age and who may benefit from further investigation. Nurse practitioners are uniquely positioned to offer routine developmental screening, leading to early identification, referral for diagnostic evaluation, and early intervention services when appropriate. The purpose of this article is to inform nurse practitioners of the importance of employing evidence-based recommendations for developmental screening in primary care. Current screening recommendations from the American Academy of Pediatrics are discussed, and validated developmental screening instruments are highlighted.

Keywords: developmental delay, developmental screening, nurse practitioner, pediatrics, preventive care

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INTRODUCTION

The purpose of developmental screening is to identify quickly and reliably those children whose developmental level is below normal for their age and who, therefore, may require further investigation. A developmental delay means that a child is lagging behind in at least 1 developmental domain, such as cognition, language, gross/fine motor skills, and behavior.¹ Screening allows for a measurement of current developmental functioning that can be used to monitor pediatric development throughout childhood.² Nurse practitioners (NPs) are uniquely positioned to offer routine developmental screening, leading to early identification, referral for diagnostic evaluation, and early intervention services, when appropriate.

SCREENING RECOMMENDATIONS

Current recommendations from the American Academy of Pediatrics (AAP) endorse the use of a validated developmental screening instrument at well-child encounters of 9, 12, 18, and 24 or 30 months of age, or whenever a parent or provider raises a developmental concern outside of the established well-child schedule.³ The recommendations from the AAP are included in *Bright Futures: Guidelines For Health Supervision of Infants, Children, and Adolescents*.⁴ The National Association of Pediatric Nurse Practitioners has endorsed the clinical practice recommendations

of the AAP, and a position statement has specified that NPs are skilled in standardized developmental screening methods.⁵

VALIDATED DEVELOPMENTAL SCREENING INSTRUMENTS

Many developmental screening tools have been developed and validated for use in primary care, but not all of them are appropriate for assessing overall development in the primary care setting. The AAP does not endorse one specific developmental screening instrument and clearly states that there are no universally accepted developmental screening instruments appropriate for all patient populations and children of different ages in the primary care setting. Recommendations are provided by the AAP on how to select an appropriate developmental screening tool for use in the primary care setting. A validated developmental screening tool or instrument is explicitly defined by the AAP as having a specificity of 70%–80%.³ The [Table](#) provides a listing of validated developmental screening tools commonly employed in primary care that align with the recommendations of the AAP.

CURRENT STATE OF DEVELOPMENTAL SCREENING

In 2014, the US Centers for Disease Control and Prevention reported only 21% of children in the US received developmental screening between 2007 and

Table. Validated Developmental Screening Instruments

Developmental Screening Instrument	Number of Items/Aim	Parent/ Provider Completed	Administration and Scoring Time	Age Range	Specificity/ Sensitivity	Interpretation of Scoring
Ages and Stages Questionnaire-3 (ASQ-3)	<ul style="list-style-type: none"> • 21 age-specific questionnaires; each includes 30 items • Global: caregiver indicates developmental skill in the areas of gross motor, fine motor, problem-solving, and personal adaptive skills 	Parent completed	10-15 minutes	1-66 months	Specificity: .77-.92; sensitivity: .82-.89	2 standard deviations from the mean in any of the 5 developmental domains refer for further evaluation to early intervention or developmental evaluation
Parents' Evaluation of Developmental Status (PEDS)	<ul style="list-style-type: none"> • 10 questions • Global: elicits parent developmental concerns 	Parent completed	2-10 minutes	Birth to 96 months	Specificity: .74-.79; sensitivity: .70-.80	Advise parent; monitor vigilantly, screen further/refer for additional screening, reassure
PEDS: Developmental Milestones (PEDS: DM)	<ul style="list-style-type: none"> • 6-8 items • Global: age-specific; addresses developmental domain 	Parent completed	3-4 minutes	Birth to 132 months	Specificity: .70-.94; sensitivity: .77-.93	Pass or fail score (linked to performance above or below the 5th-16th percentile for each item/ developmental domain)
Batelle Developmental Inventory Screening Test (BDIST-2)	<ul style="list-style-type: none"> • Minimum of 6 items per domain • Global: personal-social, adaptive, motor, communication, and cognitive development 	Provider administered	10-15 minutes for birth to 3 years of age; 20-30 minutes for < 3 years of age	Birth to 95 months	Specificity: .79-.88; sensitivity: .72-.93	Quantitative cut-offs in each domain; scaled 1.0, 1.5, and 2.0 standard deviations from the norm
Brigance Screens-III	<ul style="list-style-type: none"> • 9 separate forms; each specific for a 12-month age span • Global: developmental delays and giftedness 	Provider administered	10-15 minutes	Birth to 90 months	Specificity: .70-.80; sensitivity: .70-.80	Criterion and age-equivalents in various domains and overall development
Denver Developmental Screening Test (DDST)-II	<ul style="list-style-type: none"> • 125 items • Global: screens expressive and receptive language; gross/fine motor skills 	Provider administered	10-20 minutes	Birth to 60 months	Specificity: .43-.80; sensitivity: .56-.83	Normal, suspect, delay

Tools like the Modified Checklist for Autism in Toddlers are not included because they focus on 1 developmental issue or domain.

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