

FAS - Fetal Alcohol Syndrome

FAS-ADL ACTIVITIES OF DAILY LIVING

OUTCOME: The patient/family/caregiver will understand how the patient's ability to perform activities of daily living (ADLs) impact the care plan including in-home and out-of-home care.

STANDARDS:

1. Define activities of daily living (ADLs) (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting and walking) and discuss how the patient's ability to perform ADLs affects the ability to live independently.
2. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living.

FAS-C COMPLICATIONS

OUTCOMES: The patient/family will understand the common and important complications of FAS.

STANDARDS:

1. Discuss that FAS often co-exists with other psychiatric diagnoses.
2. Discuss that dysfunctional family dynamics often exists in the homes of persons with FAS.
3. Discuss that growth delay is often a problem with FAS and may require intervention by a registered dietitian.
4. Discuss that persons with FAS are at increased risk of injuries.
5. Discuss that persons with FAS often have problems with learning and behavior at school and other organized activities.
6. Discuss that persons with FAS are at higher risk for being exploited.

FAS-CM CASE MANAGEMENT

OUTCOME: The patient/family/caregiver will understand the importance of integrated case management in achieving optimal physical and behavioral health.

STANDARDS:

1. Discuss roles and responsibilities of each member of the care team including the patient, family/caregiver, and providers in the case management plan.
2. Explain the coordination and integration of resources and services in developing and implementing the case management plan.
3. Explain the need to obtain the appropriate releases of information necessary to support integrated case management and to maintain patient privacy and confidentiality. **Refer to AF-CON.**

FAS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the nature of FAS and FASD (Fetal Alcohol Spectrum Disorder), and that the consequences can be manifested as a life long disability.

STANDARDS:

1. Discuss that consumption of any amount of alcohol during pregnancy can cause FAS.
2. Explain that FAS and FASD are a cluster of physical, mental, and neurodevelopmental birth defects that occur as a result of prenatal exposure to alcohol. These birth defects are life long, and may include:
 - a. Behavioral problems
 - b. Learning and memory problems
 - c. Impaired cognition and mental retardation
 - d. Language and communication problems
 - e. Visual-spatial impairment
 - f. Executive functioning problems (e.g., planning, sequencing, organizing, abstract thinking)
 - g. Attention/concentration difficulties
 - h. Motor control problems (e.g., coordination, balance, gait, muscle tone/control)
 - i. Sensory integration difficulties
 - j. Challenges living independently

FAS-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

FAS-GD GROWTH AND DEVELOPMENT

OUTCOME: The patient/family/caregiver will have an increased understanding of the factors that contribute to growth and development for children, adolescents, and adults with FAS/FASD.

STANDARDS:

1. Discuss the role of pre and postnatal factors for the growth and development for individuals affected by prenatal alcohol exposure.

FAS-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient will understand lifestyle changes necessary to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high-risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. Learn how to be healthy.
 - b. Be willing to change.
 - c. Practice new knowledge.
 - d. Get help when necessary.
4. Review the community resources available for help in achieving behavior changes.

FAS-IR INFORMATION AND REFERRAL

OUTCOME: The patient/family/caregiver will receive information and referral for alternative or additional services as needed or desired.

STANDARDS:

1. Provide the patient/family/caregiver with alternative or additional sources for care and services.
2. Provide the patient/family/caregiver with assistance in securing alternative or additional resources as needed.

FAS-L LITERATURE

OUTCOME: The patient or caregiver will receive literature about FAS/FASD.

STANDARDS:

1. Provide patient or caregivers with literature on FAS/FASD.
2. Discuss the content of the literature.

FAS-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/caregiver will have an increased understanding of the factors that contribute to better outcomes for children, adolescent, and adults with FAS/FASD.

STANDARDS:

1. Review the lifestyle areas that may require adaptations (e.g., home, school, job, physical activity, recreational/leisure activity, communication, and social skills, etc.). Discuss that effective intervention for individuals with FAS/FASD often requires restructuring the home, community, and school environments.
2. Explain that the interventions for FAS/FASD require on-going family/caregiver involvement and continued advocacy for the child.
3. Explain that the use of multiple, consistent, persistent interventions are necessary for a good outcome; communication should be simple, direct and concrete.
4. Discuss that behavioral and developmental problems associated with FAS/FASD may exacerbate parental stress and marital problems. Explain that appropriate help should be sought as soon as the problem is identified.
5. Refer to Social Services, Behavioral Health, Physical Therapy, Speech Therapy, or other rehabilitative services and/or community resources as appropriate.

FAS-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family/caregiver will understand the specific nutritional intervention(s) needed for the treatment or management of fetal alcohol syndrome.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family/caregiver in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

FAS-N NUTRITION

OUTCOME: The patient will understand the need for balanced nutrition and plan for the implementation of dietary modification if needed.

STANDARDS:

1. Review normal nutritional needs for optimal health.
2. Discuss current nutritional habits. Assist the patient in identifying unhealthy nutritional habits.
3. Discuss nutritional modifications as related to the specific disease state/condition.
4. Emphasize the importance of full participation to the prescribed nutritional plan.

FAS-PN PRENATAL

OUTCOME: The patient/family will understand the consequences of alcohol use during pregnancy.

STANDARDS:

1. Discuss that consumption of any amount of alcohol during pregnancy can cause FAS or FASD.

2. Emphasize the importance of abstinence from any alcohol use during pregnancy (including beer, wine, liquor, and wine coolers).
3. Discuss available treatment or intervention options, as appropriate.

FAS-P PREVENTION

OUTCOME: The patient/family will understand that healthy lifestyle behaviors can reduce the risk of fetal alcohol syndrome in unborn children.

STANDARDS:

1. Discuss lifestyle behaviors that increase the risk for fetal alcohol syndrome.
2. Identify behaviors that reduce the risk for fetal alcohol syndrome.
3. Assist the patient in developing a plan for prevention.

FAS-SCR SCREENING

OUTCOME: The patient/family will understand the process of screening for fetal alcohol syndrome to determine an individual's need for further evaluation and referral.

STANDARDS:

1. Discuss with patient/family the initial reason for the referral for FAS screening and obtain informed consent for the screening as needed.
2. If referring to another provider for screening, explain the referral process for FAS screening and provide assistance with a referral contact as needed.
3. Explain the screening results to the patient/family and the indications for additional referrals or treatment.

FAS-TE TESTS

OUTCOME: The patient/family/caregiver will understand the importance of diagnosis and the testing process to be performed to diagnose FAS/FASD.

STANDARDS:

1. Discuss the benefits of seeking a diagnostic evaluation for FAS/FASD.
2. Answer the patient/family questions regarding the evaluation process.
3. Refer to appropriate FAS Diagnostic resources within the healthcare system or community, as appropriate.