

Fetal Alcohol Spectrum Disorders: What Pediatric Providers Need to Know—Continuing Education Posttest

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INSTRUCTIONS

To obtain continuing education credit:

1. Read the article carefully.
2. Read each question and determine the correct answer.
3. Visit PedsCESM, ce.napnap.org, to complete the online Posttest and evaluation.
4. You must receive 70% correct responses to receive the certificate.
5. Tests will be accepted until October 31, 2018.

OBJECTIVES

Based on the content of the article, you will be able to:

1. Discuss why the prevalence of drinking by pregnant women suggests the need for universal screening for prenatal alcohol exposure.
2. Describe the spectrum of physical and neurobehavioral problems experienced by individuals with FASD.
3. List factors identified from a history and physical that should alert Pediatric PCPs to the need for referral for an FASD evaluation.
4. Discuss Pediatric primary care management of patients with FASD.
5. List factors that promote optimal development for Pediatric patients with FASD.

Contact hours: 1.0

Passing score: 70%

This continuing education activity is administered by the National Association of Pediatric Nurse Practitioners (NAPNAP) as an Agency providing continuing education credit. Individuals who complete this program and earn a 70% or higher score on the Posttest will be awarded 1.0 NAPNAP contact hour.



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4. Once you have successfully passed the Posttest and completed the evaluation form, you will be able to print out your certificate immediately.

CE TEST QUESTIONS

1. Fetal alcohol spectrum disorders are the leading known preventable cause of birth defects and developmental disabilities.
 - a. True
 - b. False

2. Prenatal alcohol exposure is less dangerous in the third trimester.
 - a. True
 - b. False
3. Factors that impact the severity of prenatal alcohol exposure effects include (select the best answer):
 - a. Maternal size and age
 - b. Genetics
 - c. Dose, pattern, and timing of drinking
 - d. All of the above
4. The pattern of drinking that is most harmful to the developing fetus is:
 - a. Regular drinking
 - b. Drinking during the first trimester
 - c. Binge drinking
 - d. All of the above
5. Select the role that is *not* appropriate for pediatric primary care providers to provide for affected patients.
 - a. Identification and referral
 - b. Developmental surveillance
 - c. Making an FASD diagnosis
 - d. Primary care management
6. A 3-month-old male presents to your office with his new foster parents as follow-up after being seen in the ER for a seizure. His height, weight, and head circumference are below the 10th percentile. He cries frequently and is difficult to console. His eyes are small, his upper lip is thin, and he is not holding his head up. Which diagnosis do you suspect?
 - a. Alcohol-related birth defects
 - b. Fetal alcohol syndrome
 - c. Partial fetal alcohol syndrome
 - d. Neurobehavioral disorder associated with prenatal alcohol exposure
7. A four-year-old female from Eastern Europe presents to your office with her adoptive parents who have had her for about 6 months. The prenatal history is unknown due to the child's adoption from an orphanage. Other than a mild developmental delay, the findings of her first well child examination were normal. The parents are concerned because their daughter is at risk of being removed from preschool because of her behavior. She is generally friendly and happy but occasionally has explosive tantrums. She bothers the other children, cannot sit still, and earlier this week ran out of the playground into the street. What problem do you suspect?
 - a. Fetal alcohol syndrome
 - b. Alcohol-related birth defects
 - c. Partial fetal alcohol syndrome
 - d. Neurobehavioral disorder associated with prenatal alcohol exposure
8. Of the following specialists, select the one that is *least* appropriate to refer to at this time for the patient described in question 7.
 - a. Developmental pediatrician
 - b. Speech pathologist
 - c. Psychiatrist
 - d. Geneticist
9. What comorbid conditions should a PCP consider in a child with an FASD?
 - a. Expressive and receptive language delays
 - b. Chronic serous otitis media
 - c. Mental health disorders
 - d. All of the above
10. Select the one factor that does *not* reduce the odds of secondary disabilities (negative life outcomes such as school failure, criminal justice involvement, employment difficulties).
 - a. Living in a stable loving family
 - b. Early diagnosis prior to age 6
 - c. Multiple caretaker placements
 - d. Protection from victimization