



Paediatrics ASD Assessment and Treatment Policy v1.0

Author	Medisonal LTD
Policy Lead	Dawn Thompson
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Introduction

This policy sets out how Medisonal Clinic assesses, diagnoses and supports children with Autism Spectrum Disorder (ASD). It applies solely to paediatric service users. All assessment and treatment processes comply with relevant CQC regulations, NICE clinical guidance (NG170, NG87), and MHRA guidance where medical treatments or diagnostics are involved.

Scope

This policy applies to Medisonal staff involved in the care of children (under 18) with suspected or diagnosed ASD. It covers assessment, diagnosis, treatment, and ongoing support pathways.

Policy Statement

Medisonal Clinic is committed to delivering high-quality, evidence-based care for children with suspected or confirmed ASD. We aim to identify needs early, involve families throughout, and deliver multidisciplinary care that meets both clinical standards and regulatory expectations.

Assessment Pathway

Clinicians obtain relevant information from parents/carers, teachers, and other professionals involved in the child's care or education, in line with NICE NG170. Clinicians involved are trained in ASD diagnostics and operate within their competencies. Validated tools such as ADOS-2 and ADI-R may be used where appropriate.

As Medisonal operates a virtual clinic model, assessments are conducted via secure video consultations. Clinicians follow structured protocols to ensure that behavioural observations and parental input are appropriately documented. Where concerns arise or face-to-face input is deemed necessary, families are advised to seek in-person follow-up.

Diagnosis

ASD diagnosis is made based on DSM-5 or ICD-11 criteria. All diagnoses are made by appropriately qualified professionals (e.g. consultant psychiatrists, paediatricians or clinical psychologists) with relevant training and experience. Family feedback and structured reports are used to inform diagnostic decisions.

Support and Treatment

Post-diagnosis support may include psychoeducation, behavioural strategies, and signposting to specialist services. Where appropriate, MDTs will recommend evidence-based interventions. Medisonal does not prescribe medication for core ASD symptoms. Pharmacological treatment may be considered only for co-occurring conditions (e.g. anxiety, aggression), in line with NICE NG87 and standard psychiatric protocols. Following diagnosis, families are provided with a written report and signposted to local SEND and EHCP services where applicable.

Medisonal's MDT includes consultant psychiatrists, paediatricians, and psychologists. MDT meetings take place remotely via our own secure platform, and outcomes are recorded in the clinical record.

Information Sharing and Consent

Consent for assessment and information sharing is taken from the parent/guardian in line with GMC and CQC guidance. Where appropriate, assent from the child is sought. Reports and recommendations are shared with families and referrers (e.g. GPs or schools), with explicit consent.

Equality and Accessibility

ASD services are provided in line with our Equality and Diversity Policy. Adjustments are made for neurodiverse children, including flexible appointment formats, alternative communication methods, and family-centred adaptations.

Record Keeping

All notes, assessments and reports are stored securely and in compliance with Medisonal's Information Governance and Record Keeping Policy. Records relating to children are retained until the individual turns 25, in line with CQC and MHRA guidance.

Safeguarding

Clinicians are trained to recognise when ASD presentations may mask or be mistaken for safeguarding concerns. Where concerns arise, they are escalated in line with Medisonal's Safeguarding Children Policy.

Where clinical risk or safeguarding concerns are identified during remote consultation, the clinician will follow Medisonal's escalation protocol, which includes contacting emergency services if required and liaising with local safeguarding teams in accordance with statutory guidance.

Review

This policy will be reviewed annually or sooner if there is a regulatory, legal or clinical reason to do so. In addition, Medisonal audits diagnostic accuracy, timeliness of care, adherence to NICE protocols, and safeguarding integration, ensuring a high-quality service for paediatric ASD patients. Audit outcomes are reviewed quarterly at Clinical Governance Committee meetings to identify trends, service gaps, and CPD needs.

All clinicians involved in ASD assessment receive regular clinical supervision in line with CQC best practice.