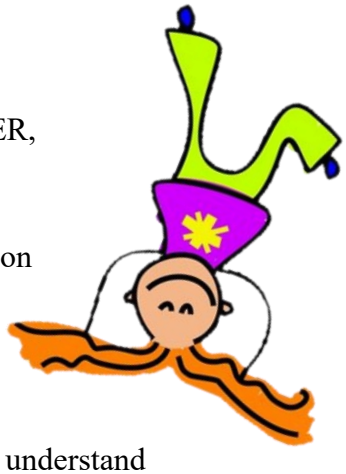


176) When a child with autism spectrum disorder (ASD) presents to the ER, the immediate and best source of information is:

A. The facility's electronic medical record system interoperability application
B. Mom or Dad
C. The local Health Information Exchange (HIE)
D. The patient portal application

B – Mom or Dad has spent more time with the child than anyone else. They understand and have developed unique communication skills with and for their child. Trust them!

Let's talk about why people with autism spectrum disorder (ASD) are commonly referred to as being "on a spectrum." At one end of the spectrum is a severely disabled, non-verbal child who is flapping and rocking in the corner. At the other end of the spectrum is a child with ASD who may appear uncomfortable or ill-at-ease in social situations. But the thing that all children with ASD have in common is that Mom or Dad tends to be the experts in their child's case. They, or the patient's caregivers, are with the child much more than we are and they know what works and what doesn't. More importantly, they also can tell us what the child's norm looks like. Especially with severe ASD, whereas rituals and routines are everything, simply... ASK MOM OR DAD!

Emergency departments, inpatient units, and more recently, prehospital EMS agencies, are now actively taking measures to better address the needs of these special needs children and their families. These initiatives range from portable sensory kits to completely redesigned sensory-friendly emergency department rooms.

Fortunately, new methods are being developed to help autistic patients and their families avert and avoid over-stimulation in the healthcare world. With insights from parents, patients, child-life specialists, and other experts, we now see specialized educational offerings, programs, and products designed to help these patients in stressful situations. You can help your facility by considering things like:

- Portable sensory kits (for EMS agencies and the ER) which commonly include noise-canceling earmuffs, sunglasses, weighted blankets, sensory toys and fidget devices
- Special rooms or areas which utilize soft colors such as gray, purple and light green for walls
- Padded walls to prevent injury in case an agitated child bumps into them
- Crash mats on the floors
- Exercise balls

(continued next page…)

- Changing the fluorescent light fixtures, which can buzz or hum, to LED (Light Emitting Diode) lighting and adding a dimmer function to lower the brightness to the child's comfort level
- Projectors for alternating soothing patterns of light onto the ceiling
- Adjusting the monitors so that alarms and alerts ring at the nurse's station instead of in the patient rooms
- Supplying softer gowns and softer arm identification bands
- Red, yellow, green, and blue emoji shaped pillows with different emotions (happy, sad, angry, and scared, etc...) throughout the room to help non-verbal children express their feelings

Additional Insights from a Parent of an Autistic Child (2020):

"We have been in three different hospital ER rooms with our son on more than ten occasions over the years. In general, our experiences waiting in the emergency room have not been positive. We have found that there really are no accommodations for a child on the spectrum. Please understand that our child with autism also had a serious and unstable mental illness happening at the same time, prompting us going to the ER as often as we did. Unfortunately, our reality was that our son had to be forced to receive treatment in the ER by the police on multiple occasions. One time, he even ran out of an ER, running all the way down the street in freezing snow until the police retrieved him. Having a self soothing sensory area would have been a great resource for us to placate him while we waited to be assessed. We have only come across one children's hospital that had an autism dual diagnosis treatment unit, however their waiting room had absolutely no accommodation for children on the spectrum. Once we were placed in an ER bed, the TV provided some distraction to prevent aggression and meltdowns. The children's hospital had more children's programming and games which temporarily helped until admission into the unit."

Additional Insights from Autism Speaks (autismspeaks.org)

"*It's exciting that more businesses are approaching kids with autism and realizing that, even though there's a neurodiversity, it doesn't mean they are defective. It means they just see the world differently. We need to be able to adapt and help them harness all of their talents and strengths; it would be a waste not to.*"

(Autism Support Checklist - next page…)

The Autism Program
AT BOSTON MEDICAL CENTER

AUTISM FRIENDLY INITIATIVE
at Boston Medical Center

Autism Support Checklist

Patient Name: _____
Patient Date of Birth: _____
Date Completed: _____

Communication

1. Does the patient communicate using spoken language?
   - ☐ Yes
   - ☐ No
     Please explain: _____

2. What other ways does the patient communicate?
   - ☐ Pictures
   - ☐ Written Words
   - ☐ Electronic Communication
   - ☐ Gestures
   - ☐ Other: _____

3. What would help the patient understand information?
   - ☐ Spoken language
   - ☐ Pictures
   - ☐ Written Words
   - ☐ Electronic Communication
   - ☐ Other: _____

4. How does the patient communicate pain?
   - ☐ Spoken language
   - ☐ Crying/Screaming
   - ☐ Self Injury
   - ☐ Aggression
   - ☐ Other: _____



Sensory Needs

5. Does the patient have sensory triggers/needs?
   - ☐ Avoid bright lights
   - ☐ Avoid loud noises
   - ☐ Avoids touch
   - ☐ Seeks pressure
   - ☐ Other: _____

6. What items/actions would be helpful?
   - ☐ Sunglasses
   - ☐ Headphones
   - ☐ Stress Ball
   - ☐ Other: _____

Interacting with the Patient

7. What would help the patient understand the procedure/exam?
   - ☐ Talk the patient through the exam
   - ☐ Demonstrate on another person
   - ☐ Show a picture schedule
   - ☐ Other: _____

8. Are there particular actions or phrases that are likely to trigger the patient? (e.g. people speaking loudly)
   - ☐ Yes? Please explain:
   - ☐ No

9. Does the patient engage in behaviors that could be a safety concern?
   - ☐ Bolting
   - ☐ Self-injurious behaviors
   - ☐ Hitting, kicking etc.
   - ☐ Other: _____

10. What other information should we know to help make the patient more comfortable?

Please mail completed forms for BMC patients with autism to The Autism Program 72 E. Concord St. Vose, Boston MA 02118, or fax it to us at 617-414-3693. For questions, contact us at autismfriendlyinitiative@bmc.org.

Autism Support Checklist
Courtesy of Boston Medical Center
www.bmc.org

