



**EMERGENCY**

**HOSPITAL**



**Main Entrance**

# AUTISM &

*The Hospital Emergency Room*

*A practical guide for health professionals  
to meet the needs of individuals with  
Autism Spectrum Disorders*

# *Understanding Autism*

Autism is a lifelong neurological disability that affects a person's ability to communicate, understand language, play, and socially interact with others. The first signs of autism usually appear as developmental delays before age three.

Every person with autism is different. However, there are some common characteristics of individuals with autism that may occur.

- Difficulty in using and understanding **language**
- Difficulty in using **social skills** and navigating social situations
- **Over or under sensitivity** to sound, sight, taste, touch, or smell
- **Repetitive behaviors** such as spinning or lining up objects
- **Difficulty with changes** to surroundings or routines
- **Challenging behaviors** such as aggression or self-injury





## *What Healthcare Providers Need to Know About Patients with Autism*

Families of children with autism learn early how to anticipate and manage a crisis. But when the crisis involves emergency medical services or a trip to a hospital emergency room, it often takes a well-informed treatment team and caregivers to keep the situation under control. The sights, sounds, smells, and accelerated pace of hospital emergency services can overwhelm the senses of an individual with autism. The following suggestions are prepared for emergency treatment teams, hospital clinicians, and the families of individuals with autism.



## *Decrease Wait Time, Whenever Possible*

- **Recognize** that simply entering a noisy, crowded waiting room may trigger acute anxiety and challenging behaviors in children with autism; accompany the primary caregiver and child to a quiet room for initial assessment and registration.
- If the triage nurse determines the child will need to wait to see a physician, **provide a quiet place**, whenever possible.
- Assess a child and **perform procedures as soon as possible**, to reduce or eliminate wait time.
- If transporting a child to another area in the hospital, **allow a primary caregiver to accompany child**.
- **Utilize hospital resources**; some ER departments employ a play therapist whose job it is to help put young patients at ease to reduce anxiety or distract child's attention during a procedure.

## *Treatment Team: Let the Caregiver Be Your Guide to Success*

- Always ask about the **child's primary form of communication**
- If unable to speak, **make sure the child has as method of communication** familiar to them, such as a paper and pencil, pictures, gestures, or a communication device
- **Ask caregiver** what has worked in the past when at medical visits
- **Ask about sensory sensitivities** to light, sound, touch, and smell
- **Assess response to pain**; many children may either have a low or high tolerance to pain and may not feel typical sensations to heat or cold
- Be aware that **some children will be attracted to shiny objects** and may reach for or grab medical instruments
- **Inquire about previous emergency situations** and what worked to minimize anxiety and calm the individual



- Remember, parents of children with autism are under tremendous stress in daily life; **monitor the parents' stress levels** and respect individual methods of coping

## *Modify the Physical Environment*

- Move child and caregiver to a **private exam and treatment area**, if possible
- **Dim overhead lighting** if necessary
- **Replace paper** gowns and paper covering on exam table with cloth
- **Anticipate resistance** if the child needs to be in a reclined position
- Be aware that there may be a fight-or-flight response to any emergency situation; **arrange the exam room and treatment area** to help motivate the child to stay in the room
- **Monitor the patient** continuously for signs of overstimulation





## *Model a Caring Attitude for the Treatment Team*

- Move slowly to the patient's level to communicate
- Give praise and encouragement
- Use calming body language and give the patient extra personal space
- Whenever possible, prepare the team to work from the floor, the caregiver's lap, or wherever the individual feels comfortable
- Use a quiet, calm voice and minimize words and touch
- Speak slowly in simple, non-medical phrases and pause between requests
- Using a neutral tone of voice, tell the caregiver and child everything the medical team is going to do right before they do it
- Allow extra time for response
- Expect minimal eye contact
- Allow individual to touch and hold equipment whenever possible
- If the patient is a child, use a toy doll, stuffed animal, or pictures to demonstrate a medical procedure, whenever possible
- If the patient is an adult, remember the individual may not be able to understand direct questions or give informed consent for treatment

## *Reinforce Cooperative Behavior*

- Provide rewards through praise and encouragement for all cooperative behavior
- Ignore behaviors that appear different (unusual body movements, unexpected vocalizations, inappropriate words or comments)
- Use pictures to redirect attention and to show what will happen and what is expected

## *Be Prepared, Be Proactive*

- When senses are overloaded and anxiety escalates, an individual with autism may respond with aggressive behaviors toward others, hospital equipment, or themselves
- Behavior can include prolonged screaming, biting, scratching, dropping to the floor, and kicking, etc.
- Encourage caregivers to help redirect, reassure and restore calm to an escalating situation
- Notify the treatment team to be prepared, and to gently and quietly assist as needed





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The Center for Autism & Related Disabilities (CARD) provides support and assistance with the goal of optimizing the potential of people with autism and related disabilities.

**1 - 800 - 9 - AUTISM**