

## RSS SESSION SIGN-IN SHEET

Pediatric Care Echo Series  
Guidance for Managing Autistic Children during Emergency Care  
March 16, 2017  
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**RSS Global Objective(s): Assess pediatric trauma given the news skills and guidelines determined to be safe for children.  
Identify proper tool and standardized measurement practices to improve diagnosis and treatment of pediatric patients.**

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# Autism Spectrum Disorder: Special Challenges in Scary Places


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# Disclosure

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# Autism Pointers

- Children with ASD do not understand your point of view.
  - They do not reliably understand what is good for them.
  - You cannot tell their level of understanding of directions just by eyeballing the situation.
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# Autism Pointers

- Just because a child with autism seems “smart” that does not mean they are able to function at that level in everyday life, and not at all in scary situations.
  - Some children with the diagnosis will look like your mental picture of autism, and many more will not. The spectrum has expanded a LOT.
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# Characteristics that can affect clinical situations

- Anxiety/panic
    - Fear of change in routine
    - Fear of unfamiliar people
  - Sensory issues—noise, touch
  - Stress can cause decreased ability to understand or attend to verbal language
  - Visual strategies work better than talking
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# The Perfect Storm

- Medical procedures create the conditions of the perfect storm for a child with ASD:
    - Unfamiliar situation with unfamiliar people, who will touch them, talk a lot, ask them to do things they maybe cannot do, and in an unfamiliar place with lights, sounds, smells, any one of which could cause a total meltdown in every day circumstances.
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It will help if you think of the child in  
positive terms:

- Self-directed
  - Knows what he needs
  - Doesn't understand you have a different idea or desire or that you are trying to help
  - Very literal (idioms are often challenging)
  - Dysregulated
  - Parents usually doing the best they can, autistic behaviors are no one's "fault"
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# Prevention: The BEST way

- Acknowledge parent as the expert on their child, and ask if there are things you can do that will be helpful. Let the parent know the steps you will take, so they can participate in helping the child.
  - Let the parent see you address the child. This is amazingly important to gain the trust of the parent and the child.
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# What can you do?

- Obviously, the more emergent, the less you can change.
  - Let's look at what we can do to prevent distress, and what we can do if a child is already distressed.
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# Prevention

- Foreshadowing events for a child can be very helpful for most children with ASD.
  - Foreshadowing has to be done in a calm situation, before the day of the procedure, and at least what comes next.
  - Child life staff can help you with this, which is called a “social story.”
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# Foreshadowing

- Creating a video for procedures that would allow a parent to 'click' on an icon that would open a child-friendly video.
  - Creating videos are hard, but a slide show would at least give the parent pictures to share with the child.
  - Think "visual" over "verbal."
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# Prevention

- Short, factual statements generally better than conversational patter. It is better to speak the absolute truth.
  - The more stressed the child is, the less they are able to listen.
  - Try singing. Music is often an interest and can be distracting.
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## In the Non-urgent setting

- If the child reads with comprehension, you can make a list of the steps that are going to happen, and let them check off each box as it is completed.
  - Ask parents what would be a treat for the child, and ask them to have one ready at the procedure's completion.
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## As the child starts to escalate

- Some children with ASD become distressed very, very quickly. Most children with ASD will show some signs before a major meltdown. In this window, you may be able to redirect this behavior.
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# Strategies for the “window”

- Be calm—don't yell. Keep your voice relaxed.
  - Be clear—say exactly what you mean
  - Be concise—use as few words as possible and try not to repeat what you said over and over.
  - The child is doing the best they can. Try to feel compassion, not frustration.
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## As they escalate

- First back away, if there is time. Increasing the social distance between you and the child can lead to decreasing stress.
  - Decrease talking.
  - Often restraint is the trigger to panic, not a fear of pain. If there is anything you can administer without restraint, that would be best.
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# The Train is Off the Tracks

- If a child is in a full panic attack mode, you will likely need to step in with medications.
  - For one of my 16-year-old patients, NO<sub>2</sub> was helpful to her.
  - Midazolam has helped a number of children feel calmer.
  - Other meds were to be addressed by psychiatry, but I can't substitute for that. You do what you need to do.
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