

Project Echo for Pediatric Care 2018-2020
Autism in Emergency Care: Preparing for success
April 18, 2019
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Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Pediatric emergency care professionals

Objectives:

As a result of this educational regularly scheduled series, learners will be able to:

1. Utilize new skills and guidelines determined to be safe for children when accessing pediatric trauma.
2. Identify proper tools and standardized practices in order to improve the diagnosis and treatment of pediatric patients.
3. Define roles and responsibilities of team members who triage pediatric emergencies in order to identify communication strategies that result in effective patient care.

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Hayley Crain, PsyD, Presenter	No relevant financial relationships to disclose	No
Jill Markus, RN, Presenter	No relevant financial relationships to disclose	No

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In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

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2. During the live presentation, and in the follow-up email, you will be provided a code. Text that code to a number we provide you, using a cell phone associated with your account.

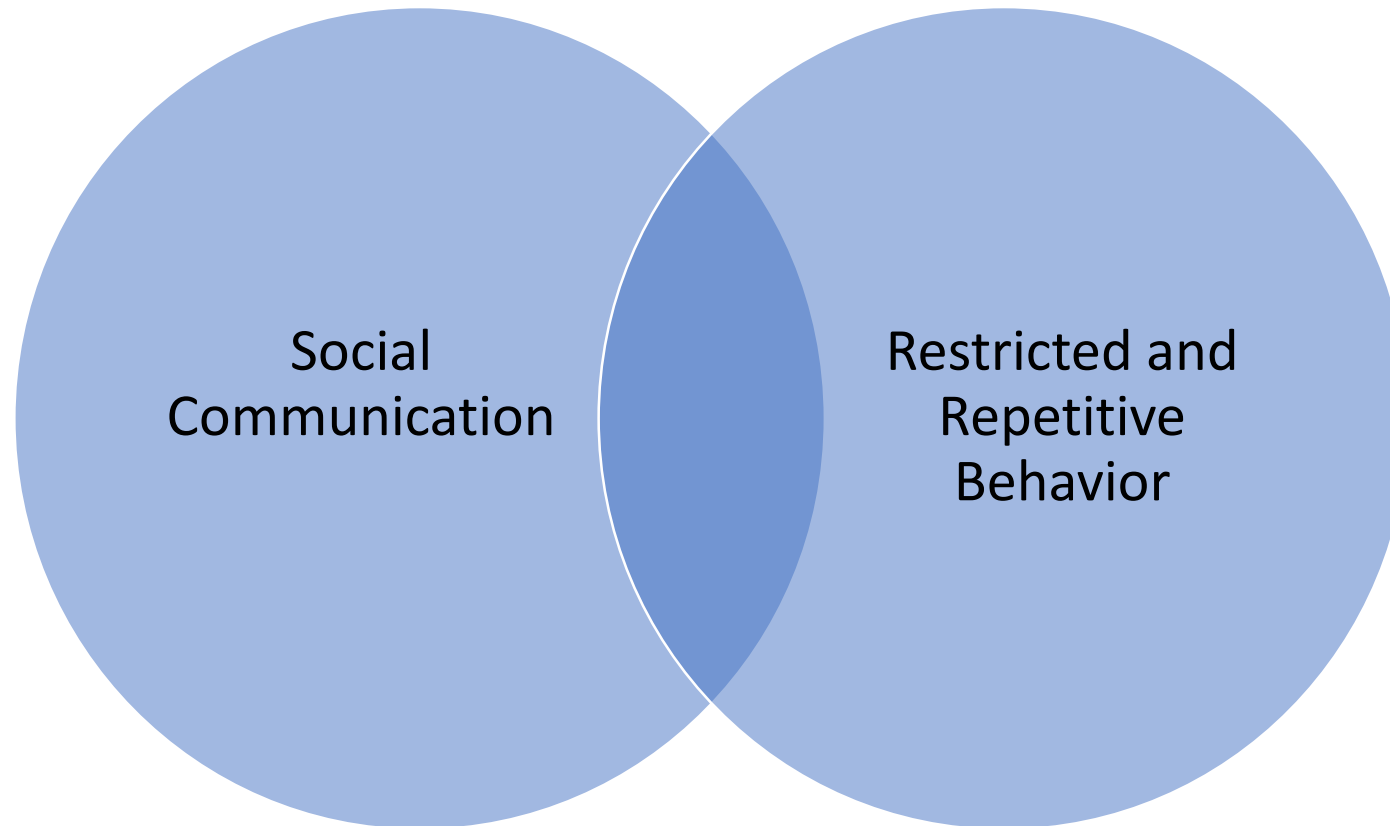
Text KOHPEH to 608-260-7097
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3. All done!! Log onto ICEP to view or print your credit letter.

Polling Questions

(DSM-5) Current conceptualization

One diagnosis: Autism Spectrum Disorder



DSM – 5: Diagnostic Overview



Social communication & social interaction deficits



Restricted, repetitive patterns of behavior, interests, or activities



Symptoms in early developmental period



Clinically significant impairment



Not better explained by intellectual ability



Severity Levels

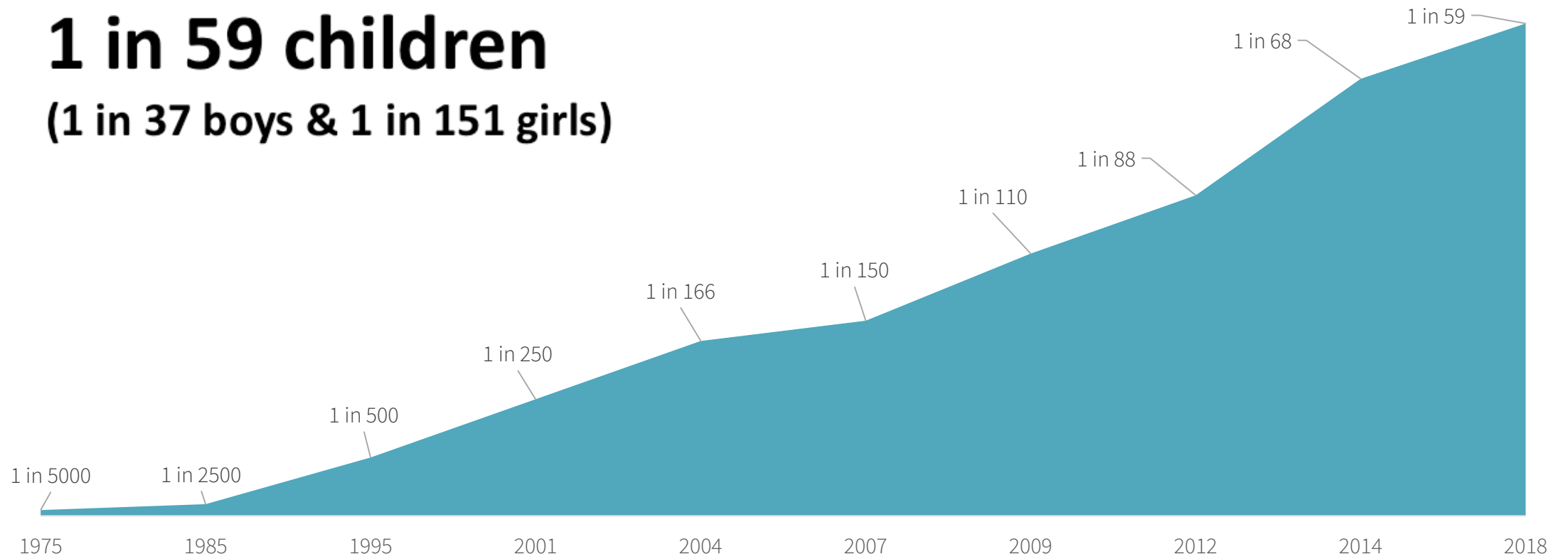
DSM – 5: Diagnostic

Two Core Domains

- A. Deficits in social communication and social interaction (all 3 areas)
 - 1. Social emotional reciprocity
 - 2. Nonverbal communication
 - 3. Developing, maintaining and understanding relationships
- B. Presence of restricted and repetitive patterns of behavior (RRBs) (2)
 - 1. Stereotyped or repetitive motor movements
 - 2. Insistence on sameness, routines and rituals
 - 3. Highly restricted, fixated patterns of interest
 - 4. Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment

ASD Prevalence

1 in 59 children
(1 in 37 boys & 1 in 151 girls)



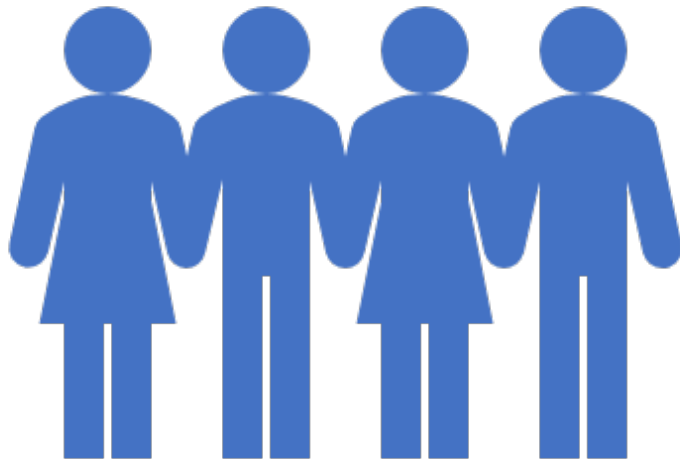
Publication Dates

Centers for Disease Control and Prevention, 2018

It's a spectrum!

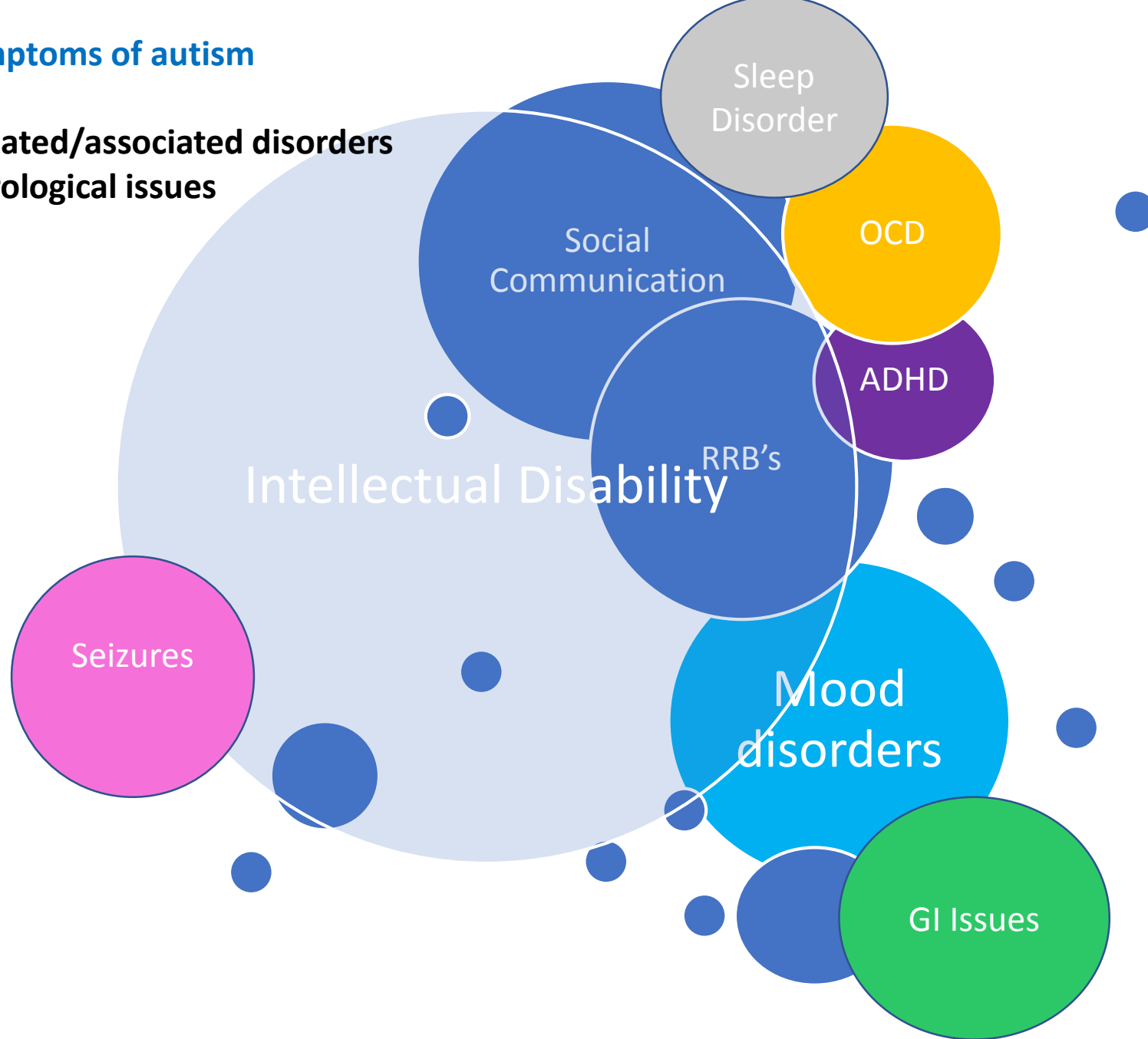
ASD can present differently in different groups

- Age
 - Toddler vs. school age, vs. adult
 - ASD can look different in the same person across ages
- Developmental level
 - (e.g., IQ, mental age)
- Sex
- Ethnicity/Cultural Differences



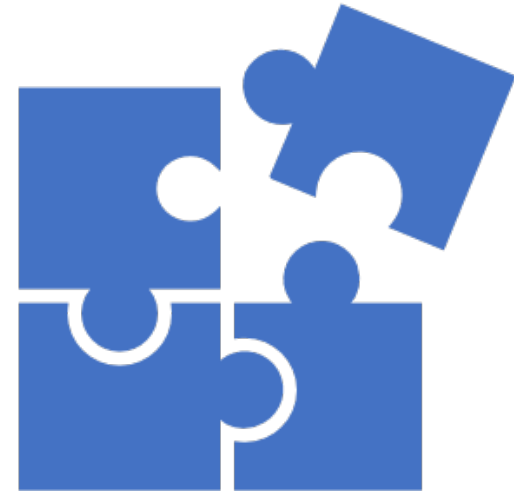
Core Symptoms of autism

Other related/associated disorders and neurological issues



Case Presentation

- 11 year old female with the following diagnoses
 - Autism spectrum disorder
 - Anxiety
 - Disruptive behavior disorder
 - Depressive disorder
 - IQ = 85
 - Verbal abilities
 - Phrase speech 3 to 4 word utterances
 - Challenges with receptive language skills



Concerns

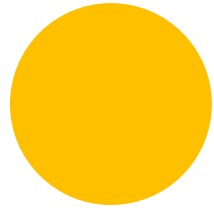
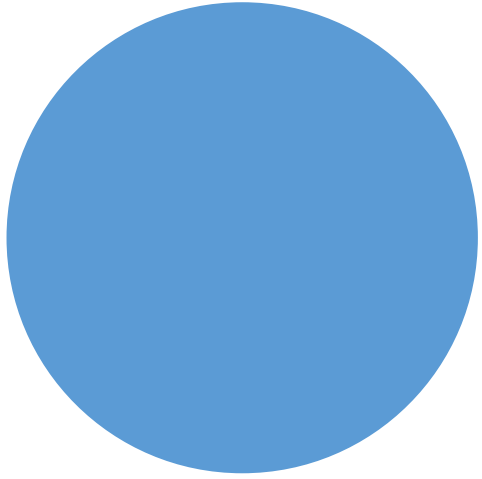
Mother calls to report

- Patient is "extremely edgy"
- Patient is described as rigid and "snappy" with more irritability
- Crying and unable to control emotions
- Mother believes patient acts this way when she needs a medication increase and would like medications adjusted before symptoms worsen

Other Factors

- No change in appetite
- Sleeping more
- Urine accidents 1-2 times daily
- School has noticed a negative change in mood

Discussion



STRATEGIES & RESOURCES



Preparing for a successful interaction

- It maybe helpful to explore the following:
 - How does the patient communicate?
 - Assess for baseline behaviors
 - Behaviors when child is triggered
 - Strategies that caregivers feel are helpful for:
 - Prevention
 - De-escalation
 - What supports would be helpful to the staff/clinicians involved in the visit?

May consider
the following:

Child Life Specialist

Modify environment (i.e., Dim lights)

Modify check in and wait time

Tell - show - do

Visual aids

1 up rule - language

Distraction

Behavior strategies

Warm handoffs

Staff Prep/Training

Questions?

