**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.

**Policy on Disclosure**
It is the policy of the University of Wisconsin-Madison ICEP that the faculty, authors, planners, and other persons who may influence content of this CE activity disclose all relevant financial relationships with commercial interests* in order to allow CE staff to identify and resolve any potential conflicts of interest. Faculty must also disclose any planned discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). For this educational activity, all conflicts of interest have been resolved and detailed disclosures are listed below.

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**Accreditation Statement**
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.

**Credit Designation Statements**

- **American Medical Association (AMA)**
The University of Wisconsin-Madison ICEP designates this live activity for maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- **American Nurses Credentialing Center (ANCC)**
The University of Wisconsin-Madison ICEP designates this live activity for a maximum of 1.0 ANCC contact hours. The University of Wisconsin-Madison School of Nursing is Iowa Board of Nursing provider 350.

- **Continuing Education Units (CEUs)**
The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 CEUs or 1 hours.

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Claiming credit

Follow the instructions below, and contact us at projectecho@surgery.wisc.edu with any questions.

1. Create account with the UW Interprofessional Continuing Education Partnership  
   https://ce.icep.wisc.edu

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**  
   (save this number as **ECHO Credit**, it will never change)

3. All done!! Log onto ICEP to view or print your credit letter.
Polling Questions
(DSM-5) Current conceptualization

One diagnosis: **Autism Spectrum Disorder**

[Diagram showing the overlap of Social Communication and Restricted and Repetitive Behavior]
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

APA, 2013
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

Intellectual Disability

Mood disorders

Social Communication

RRB’s

ADHD

OCD

Sleep Disorder

Seizures

GI 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
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?