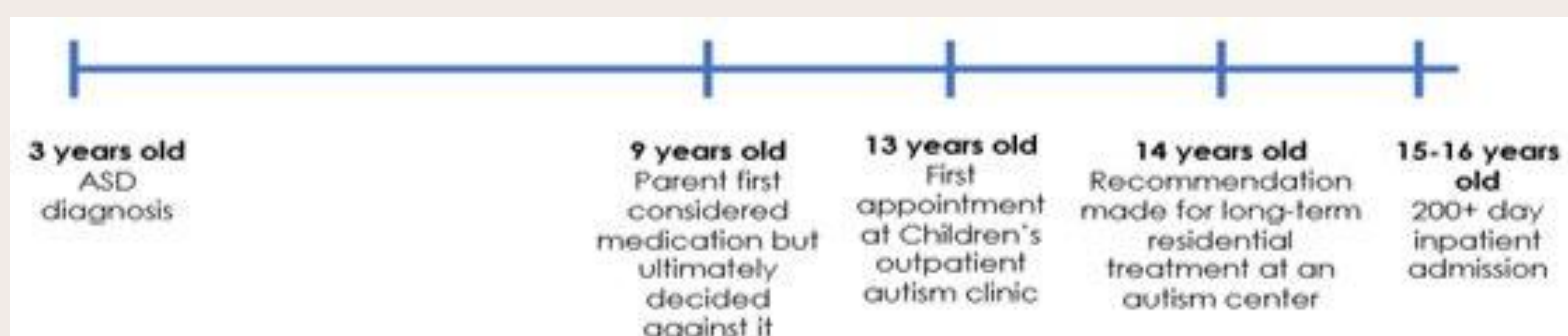


## BACKGROUND

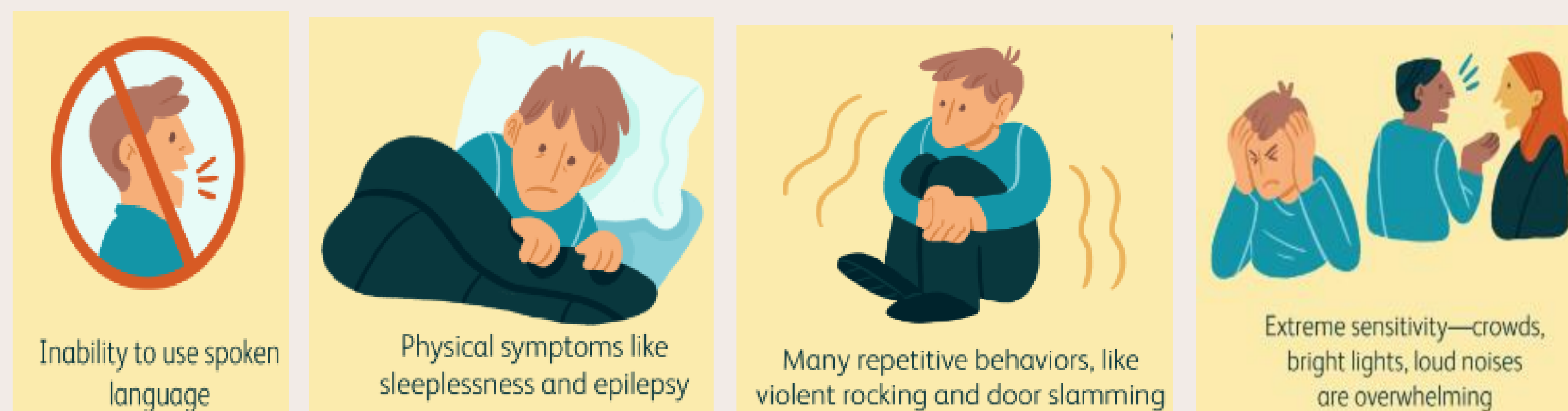
Hospitalized children diagnosed with autism spectrum disorder (ASD), with intellectual disability, are a challenge for direct care staff. A large, metropolitan, pediatric hospital struggled caring for a developmentally delayed, non-verbal teenager with ASD that was hospitalized for almost a year. Despite staff receiving yearly education related to high-risk behavioral health patients, autism-directed education was minimal. A literature search for interventions to execute was unsuccessful due to the lack of articles related to the prolonged medical hospitalization of ASD teens.

## INTRODUCTION

- Teenage male with ASD level 3 with severe mixed expressive/receptive language disorder; severe intellectual disability; mood disorder; self-injurious behavior
- Chief complaint: aggressive behavior; unmanageable emotional outbursts; object aggression; physical aggression towards others; self-directed aggression
  - **Severe:** uncooperativeness, hostility, peculiar fantasies, hyperactivity, distractibility, tension, speech deviance
  - **Moderately severe:** sleep difficulties and stereotypy



## SYMPTOMS OF LEVEL 3 AUTISM



## INTERVENTIONS

- Constant visual observation (CVO) with two safety assistants
- iPad for communication
- Headphones
- Psychotropic medication
- Wrist/ankle weights
- Padded helmet & mittens
- Weighted blanket
- Sensory diet
- Bowel regimen
- Schedule posted in room
- Walks around units with staff
- Laminated cards for communication
- Sensory items
- Neck Pillow



## MULTIDISCIPLINARY APPROACH

- PT/OT/Speech/Massage
- Music & Pet Therapy, Child Life
- School Services
- Wound Care
- Ethics & Legal
- Social Work
- Psychiatry & Neuropsychiatry
- Neurology
- Nutrition
- Pastoral Care
- Center for Autism and Developmental Disabilities (CADD) & Applied Behavioral Analysis (ABA) outpatient teams

## BARRIERS

- Lack of autism training for staff, including formal education and resources on caring for patients with ASD
- Lack of inpatient ABA trained staff
- Difficulty finding long-term placement
- Unknown baseline, likes/dislikes, triggers, comforts, sleeping patterns
- Limited visits and involvement in plan of care from family
- Consistency with staffing due to burnout

## OUTCOMES

### Patient Care Tech – Specialized

- Additional training in psychiatric diagnoses
- In-person and online training for preventing, averting, and de-escalating crisis and addressing challenging behaviors
- Quarterly social learning forums covering various topics including trauma informed care, autism, eating disorders, assertiveness, and more

### Behavioral Health banner

- Used for patients known to be more challenging for staff to care for
- Includes coping items, triggers, interventions, and resources helpful for caring for the patient

### Emergency implementation of Behavioral Health SWAT RN

- Led to full-time psychiatric resource RN position

**High-Risk Behavior Bedside Reviews** created for use in all areas  
**Restructuring of system-wide High Risk Behavior Committee** to increase executive buy-in



## DISCUSSION

We identified several gaps in the care provided for this patient population. This assisted us in creating a plan for future interventions needed and additional gaps to bridge. Additional work that is underway or in our plans includes:

- New, improved system safety and preventing violence program roll-out for all staff, including students and volunteers, across the system
- Autism resources for inpatient staff to easily access
- Adaptive care plans for patients with current diagnosis or being evaluated for a developmental disability and/or behavioral condition who has a difficult time coping during healthcare visits
- Ongoing autism education in partnership with CADD
- Free 40-hour registered behavioral tech training available
- State psychiatric hospital with a 96-bed pediatric wing to open in 2026

