

Background

Autism spectrum disorder (ASD) is a condition whereby persons may have different behavioral responses to external stimuli. Coming into the hospital environment can be painful and noxious (Williams et al., 2021). According to Maenner et al. (2023), one in 36 children in the United States have ASD. These individuals have unique needs and require highly specialized care in the acute care setting (Donnelly et al., 2023). Healthcare professionals are often unprepared to adapt and tailor care to individuals with ASD due to lack of knowledge or skill about ASD care, which can lead to poor health outcomes for this population (Cashin et al., 2023). When these patients have a negative experience during care, this may cause them to fear or resist seeking care in the future. The Pediatric Unit Practice Council (UPC) members identified a knowledge gap in providing individualized care for patients with ASD. Pediatric UPC Council Chair Pam Yates, RN, CPN, learned of a pre-developed autism program at a 2021 national nursing conference. Developed by nurses at a children's medical center, the ASD program consists of training and assessments to individualize care for the pediatric ASD patient and improve their hospital experience. Training nurses how to care for pediatric hospitalized patients with ASD improved nurses' comfort with providing appropriate, sensitive, and individualized care to this patient population (Donnelly et al., 2020). The goal of this educational initiative was to increase nurses' knowledge, comfort, and abilities caring for pediatric patients with ASD.

Autism Spectrum Disorder Program Components

The program includes a neurobehavioral assessment on admission that identifies the patient's dislikes and triggers. Once completed, the RN adjusts triggers in the patient's environment and provides the patient with tools accessible on the unit. These include headphones, writing boards, weighted blankets, fidget toys, stuffed animals, and a pressure body sock. Nurses place signage on the patient's chart and on the door of the patient's room, and place a special indicator in the electronic health record for future visits. The assessment is in the electronic health record and soon electronic charting for interventions will be available. Ongoing education will be offered at staff meetings as needed to sustain knowledge and comfort levels, as well as introduction of new tools as they become available.

Conclusions

This project addressed a gap in knowledge for nurses caring for patients with ASD. A multiple modality education program increased nurses' comfort level and was well-received by staff (see Figure 1). The program helps pediatric patients with ASD feel safer during their hospitalization, which hopefully will impact their desire to interact with the healthcare system throughout their lifespan. Noting increases in the number of patients with ASD, nurses have approached us from other units requesting education and use of the ASD program to care for patients throughout the medical center. Our next steps are to expand the program in other areas of the medical center such as Outpatient Surgery and the Emergency Department, and to educate ancillary staff.



Methods

To better understand factors related to nurses' comfort in caring for patients with ASD in the hospital setting, we developed a 3-item baseline survey to be completed by pediatric registered nurses (RNs). We also included a question regarding their preferred learning modality. The survey had a 67% response rate (14 out of 21 RNs) and indicated that 86% of respondents felt uncomfortable caring for patients with ASD. The Pediatric UPC members evaluated the program and determined that it had the elements needed to address the unit's educational needs. The education plan included a computer module in January 2024 containing education about the program components, and 1:1 education and rounding by project leads. The computer module was assigned to pediatric RNs in January 2024, and the program went live in February 2024.

Results

Pediatric patients are now being screened using the neurobehavioral assessment. When they screen positive, care is individualized. While difficult to measure, this will hopefully increase the likelihood that these patients will continue to seek medical care when needed throughout their lives. We learned that more reinforcement was needed after implementation to ensure that RNs understood the purpose of the program and the elements included. In response, follow up education was done in July 2024 to address knowledge gaps identified after program implementation. This included a review of the program elements and where supplies for our ASD patients were located. Nurses also received supplemental education at the August 2024 staff meeting and an article about caring for hospitalized adults with autism.

A follow-up survey was administered in November 2024. The results showed enhanced comfort and improved knowledge (see Figure 1).

References

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Figure 1

Education Needs Survey			
What is your comfort level caring for a child with a neurodiversity?			
Please rate on a scale from 1 to 5 with 1 being not comfortable and 5 being very comfortable.			
Nov 2023 Average Score		Nov 2024 Average Score	
3.1		3.8	
Do you have the necessary knowledge to manage a child with neurodiversity?			
Nov 2023		Nov 2024	
NO	YES	NO	YES
87%	13%	18%	72%

If you have questions, please email Pamela Yates at pyates@SalinasValleyHealth.com