

# Nurse Experiences of Caring for Children with ASD in the ICU: Implications and Recommendations for Practice

## *General Overview of Challenges and Strategies*

<b>Themes Derived from the Research</b>	
Challenges	General Strategies
It can be challenging for pediatric ICU nurses to balance the significant health care needs with potentially challenging ASD symptomology to meet patient safety	Adaptations to bedside-level care with the support of the specialized interprofessional team are a necessary strategy for quality care
Pediatric ICU nurses feel that they lack a basic understanding of ASD and specific, unit-based strategies to improve patient care and actively identify gaps in education content areas	Approaches that focus on collaboration and personalized care are deemed helpful strategies for providing quality care for children with ASD in the ICU
Pediatric ICU nurses identify certain person and system-level barriers like a lack of resources to adequately support patients at the bedside and an unwillingness of some to modify practice as a challenge	Additional hospital wide resources are necessary, like staffing, specialized trainings, and specialized teams
Inconsistent or absent interprofessional communication, both verbal and in electronic health records, can negatively impact the quality of care for children with ASD in the ICU	Process changes are often necessary both at the bedside and on a larger system level, including within the Electronic Medical Record, bedside environment, and hospital culture

## *Actionable Strategies for Nurses at the Bedside and on the System Level*

<b>Potential Areas for Improvement</b>	
Education programming designed specifically for the ICU setting	Specialized ASD or neurodivergence teams
More efficient staffing ratios for patients with ASD	EMR flags and easy-to-locate notifications with quantitative and qualitative data on the specific patient's symptomology
Removing identified communication barriers	Additional support service team members (child life, activities staff, therapies, etc.)
Environmental changes where possible (placing patients in quieter areas, etc.)	Improving strategies for family involvement in the ICU setting

