



Tips for Working with Children with Autism Spectrum Disorders

Parents/Caregivers

- Ask the family how we can best help them- they are your greatest resource for information!
- Ask the family, what types of things are calming for their child, and if their child has any sensory sensitivities. This can help you avoid issues before they happen.
 - (i.e. hypersensitive to sound, light, sensitivity to particular textures, smells, etc)- and try to minimize those stimuli
 - Identify possible triggers for that child
 - Identify if the child has any activities they find soothing (i.e.: rocking, chewing, massage, etc.)- and help facilitate them
- Ask them if their child has a specific like – electronics, trains, dinosaurs etc. that may help you connect with or distract the child during their time with you.
- Be creative when possible. These children don't always fit into the mold of what a typical patient will be. Think about what you need from them that is truly a necessity in order for you to treat them.

Waiting Room and Rooming the Patient

- Accommodate for Waiting
 - Consider alternate areas the child can wait that are not as over stimulating as the waiting room
 - Is there a room with a door available in another area that can be used while the patient is waiting?
 - When Rooming a Patient- If possible, use a private room with a door, not close to an Exit
 - Avoid curtained rooms if possible

Sound/hearing

- Keep external noises limited
 - use a white noise machine in their room if available
 - have soft music playing in the background (online streaming)
 - speak in a calm voice at all times
 - many of these children have sensitivities to noise

Light/Vision

- Keep overhead lights to a minimum when they are not necessary
- Prepare the child when you are going to turn on a bright light so they can cover their eyes if they wish
- If appropriate, provide sensory toys

Interaction/Social/Communication

- Try to limit the number of people coming into and out of the room (Share this information with entire team.)
 - Consider creative ways to identify a room with a patient who requires special considerations.
- Use a calm voice and simple language ("less is more") when asking the child questions and give them time to respond to you.
- Stay away from sarcasm, euphemisms, and words with double meaning as they are difficult to understand
- Many children do better if they are given information about the sequence of events. Tell the child what will happen before it happens, in simple language. This can begin as early as meeting the patient and family in the treatment area or the waiting room.
- Just because the child is non-verbal does not mean they do not understand you or cannot communicate- check with the family for more information about the child best communication methods.

- Sometimes children are very overwhelmed and will scream or shout. They may be telling you they need a break (when possible) and a chance to regroup.

Touch

- Ask family about their child's specific sensory needs so you can be aware and incorporate them into your care whenever possible.
- Soothing touch may be over stimulating and anxiety producing for some children. Instead, speak with caregivers about the best way to provide tactile support during the visit or procedure.
- Heads can be extremely sensitive; ask the child or caregiver if the touch would be calming.
- These children sometimes operate in a state of "Fight or Flight" and what seems to be the littlest thing (like applying a bandage) can be difficult for them. Allow them additional time to accommodate to what is going on around them and to them.

During Procedures

- Prepare the child before procedure
- Use simple and concrete language
- Explain the series of events
- Utilize parents to find out what will work best for their child for the procedure
- Limit the number of staff speaking- the child will likely become overwhelmed by the number of voices
- Keep voices low and calm
- Limit the number of staff touching the child as much as possible- some children may have sensitivity to touch and become overwhelmed. A papoose, even for older children, may be calming. An x-ray lead gown can be used as a weighted blanket.
- Engage and encourage caregiver participation whenever possible. Even if parents appear overwhelmed and are unsure of how to help, they can still offer guidance about techniques which would be most upsetting for their child.

Suggested Script: I would like to talk about when we are going to give your child the sedation medicine. This can be a surprising experience for some families and things can happen at a rapid pace so we would like you to be aware of what we are doing in advance, answering any questions you may have.

For this study, it is necessary for your child to be motionless for an extended period of time. The medication the doctor has chosen, allows us to keep your child in this state for the duration of the test safely. The doctor will give your child medication through the IV to get them into a sleep state and then continuously through the IV to keep them asleep during the study.

There are several pieces of equipment you will see in the room. For example, an oxygen mask, monitoring equipment to watch their heart rate and breathing, and the IV pump to deliver the medications. There will be a nurse, the doctor and the MRI tech here during the sedation time. You may be right here with your child until they fall asleep if you choose to do so.

We encourage you to gather your valuables to take to the waiting area before we start giving sedation medicine. We can store your child's clothing while they are having their test. You will be allowed to give your child a kiss if you would like, then be escorted by a staff member to the waiting room so your child may complete the testing.

Sometimes the medicine can be irritating to the skin when giving the first dose, however, the sensation does not last long. Numbing medicine has been added to help decrease the irritation. The nurse or doctor may rub the site just above the IV to help decrease this sensation.

Your child may try to turn or roll over into a position they feel comfortable. This is normal. The nurse, doctor and MRI tech will make sure they are safe on the stretcher and do not harm themselves. At this point, the doctor may need to give more medication to get them into a deeper sleep state.

Once your child is resting quietly, we will place monitoring equipment on their chest to watch heart rate and breathing. We will also place a finger monitor to watch oxygen level. The doctor may place a towel roll under your child's shoulders or reposition their head. This allows air to move easily in and out of the lungs as they sleep.

What questions or concerns do you have about sedation? Did you understand everything I have discussed with you?