CHOC Improving the Autism Pathway in a Pediatric Perianesthesia Unit Lucinda Sapikowski, BSN, RN, CCRN, CPAN; Sandra Contreras, MSN, RN, CPN; Dawn Flynn, BSN, RN, CCRN; Michelle Skarstan, BSN, RN CPN; Felicia Uliano, BSN, RN, CPAN; Jamie Valencia, BSN, RN, CCRN

BACKGROUND

- 1 in 44 children aged 8 in the United States has been diagnosed with autism spectrum disorder (ASD), (CDC, 2018).
- Nearly a decade ago, our pediatric hospital implemented a special pathway through the perianesthesia continuum to address the unique needs of these patients.
- This autism pathway aims to individualize the process to decrease stress for this patient population.
- The Recovery Center Clinical Practice Council (CPC) recently identified an opportunity to update this pathway to better assess and treat pain in patients with communication challenges.
- Although child life and distraction resources were available in the pre-op area, the post-anesthesia care unit (PACU) lacked resources.

OBJECTIVES OF THE PROJECT

- This nurse-led project aimed to enhance the existing perioperative autism care pathway to address individualized pain management.
- A secondary goal was to create a sensory resource cart with developmentally appropriate distraction tools.

- perioperative continuum.
- in their admit packet.





Perioperative Services

PROCESS OF IMPLEMENTATION

 An interdisciplinary team of perianesthesia nurses, anesthesiologists, and autism experts met to develop a process to communicate patient preferences for comfort and pain management.

Partnering with families, we implemented an internally created "Ouch Questionnaire" to empower families to share how their child expresses pain and to identify what works best to soothe or distract them from pain. This form follows the patient through the

Based on feedback from our Family Advisory Committee, the "Ouch Questionnaire" is now given to all families on admission to perioperative services

Excerpts from Autism Pathway

STATEMENT OF SUCCESS

- The perioperative nurses now have more resources to care for this population and other patients with communication challenges.
- Fidget and distraction toys are also available for all patients. Additional distraction resources, including iPads and toys, have been integrated into care through generous donations.

Sensory Resource Cart Aroma thera Light up push Scented button toys Coloring books and crayons popping tube Fidget spinner

For the patient satisfaction survey question "Had enough input or say in care", we improved from 80.0 in March 2022 to 83.3 in January 2023.





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"My son goes to CHOC for outpatient procedures very often. We as parents have learned, you know what works and doesn't work for him...And we share it with the nurses, and I was just really impressed that they took our feedback, and they applied it, and the procedure went really well as a result of it. So, I really like that they respect our expertise as parents, that's very helpful."

Nurses, doctors, and all the staff were very accommodating to my pecial needs child. They were very detail-oriented and thought of every small thing that would cause inconvenience to my child and/or s(parents) and planned everything accordingly. The admission to the facility, the surgery, and the recovery were smooth and successful. I am so thankful for you all.

IMPLICATIONS

- Changes in daily routines and separation from support people can be stressful for patients with ASD (Christensen, 2020).
- Partnering with families to create an individualized plan specific to their child's needs can make the situation less stressful for everyone and result in a smoother transition throughout the perianesthesia continuum.(Kouo, 2021).
- Integration of the Ouch Questionnaire has helped develop a better partnership with our parents to create a less stressful healing environment that is consistent throughout the perianesthesia continuum.

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