

My Individualized Plan: Implementation of a Perioperative Plan of Care for Pediatric Patients with Autism Spectrum Disorder

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Introduction: Families verbalize anxiety when they bring their child with Autism Spectrum Disorder (ASD) into the healthcare setting due to inflexible systems, past trauma, and provider's inadequate understanding of ASD. Nurses lack formal education and competencies to care for this population and have developed expertise by trial and error which causes inconsistency. Nurses could benefit from a tool to individualize care to meet those needs.

Identification of the problem: Individualized requests are made for children with ASD based on their situational stressors. Nurses are hesitant to honor such requests due to traditional workflows and practice. Stereotypical intervention for patients with ASD is placing them in an isolation room to decrease stimulation. The concept that this population is uncooperative and aggressive is common. Pre-operative coordination of care is primarily centered around efficient processes to enhance surgical flow.

EBP Question/Purpose: PICO question. Databases utilized. How does the use of an individualized perianesthesia procedure plan impact satisfaction and anxiety scores in children with Autism Spectrum Disorder in an acute perianesthesia care unit?

- CINHAL
- PsycInfo
- PubMed

Methods/Evidence: A literature review highlighted the importance of individualizing care for children with ASD, however, there is a lack of standard intervention for this population. Reviewed articles suggest that pre-procedure planning is effective and imperative for meeting needs of the patient. A patient and caregiver survey was utilized to identify anxiety scores prior to and after implementation of a comfort plan using an interval rating scale. A comfort plan was formulated after collaborating with multidisciplinary team members. The comfort plan was shared with unit staff to validate content; feedback indicated a need for an individualized plan.

Significance of Findings/Outcomes: Prior to implementation of the comfort plan, anxiety scores reflected an average of 3.22. After implementation, scores decreased to 2.56. Based on survey feedback, individualizing care is beneficial in preparing patients and families for their perioperative experience and decreases anxiety. Due to a decrease in scores, the comfort plan has been implemented into perioperative practice.

Implications for perianesthesia nurses and future research: To ensure situational awareness, optimize care and improve the patient experience for children with ASD, an individualized comfort plan should be developed and communicated to multidisciplinary teams. Future considerations should be utilization of an individualized comfort plan for all pediatric patients.