

## Background

- Children living with autism often have challenges related to sensory processing and communication, with a greater need for procedural care.
- The perioperative environment is bright, loud, includes many caregivers and is generally disruptive to the patient's routine.
- There is a need and desire to improve the care of perioperative patients living with autism.

## PICO Question

- In children living with autism, does the presence of an individualized coping plan improve patient care and family satisfaction in the perioperative setting?



## Search Process

- Databases searched include CINAHL, OVID, Google Scholar, the Cochrane Library, Clinical Key, Pub Med and the National Guideline Clearinghouse from 2011-2021.
- Search strategies resulted in 36 articles.
- 13 articles were critically reviewed based on relevance to PICO question.
- Articles summarized in evidence table including level of evidence.
  - Level C - 12
  - Level E - 1

Armola, R. R., Bourgault, A. M., Halm, M. A., Board, R. M., Bucher, L., Harrington, L., ... & Medina, J. (2009). AACN levels of evidence: what's new?. *Critical Care Nurse*, 29(4), 70-73.

## Synthesis of Evidence

- **Evidence supports an individualized plan** for children with autism and their families.
- Proactively creating a **copng plan** for the child with autism who needs perioperative care is generally considered a best practice.
- Early identification and comprehensive assessment, environmental modifications, and equipping staff with the knowledge and tools necessary will help create more successful visits.

## Practice Change

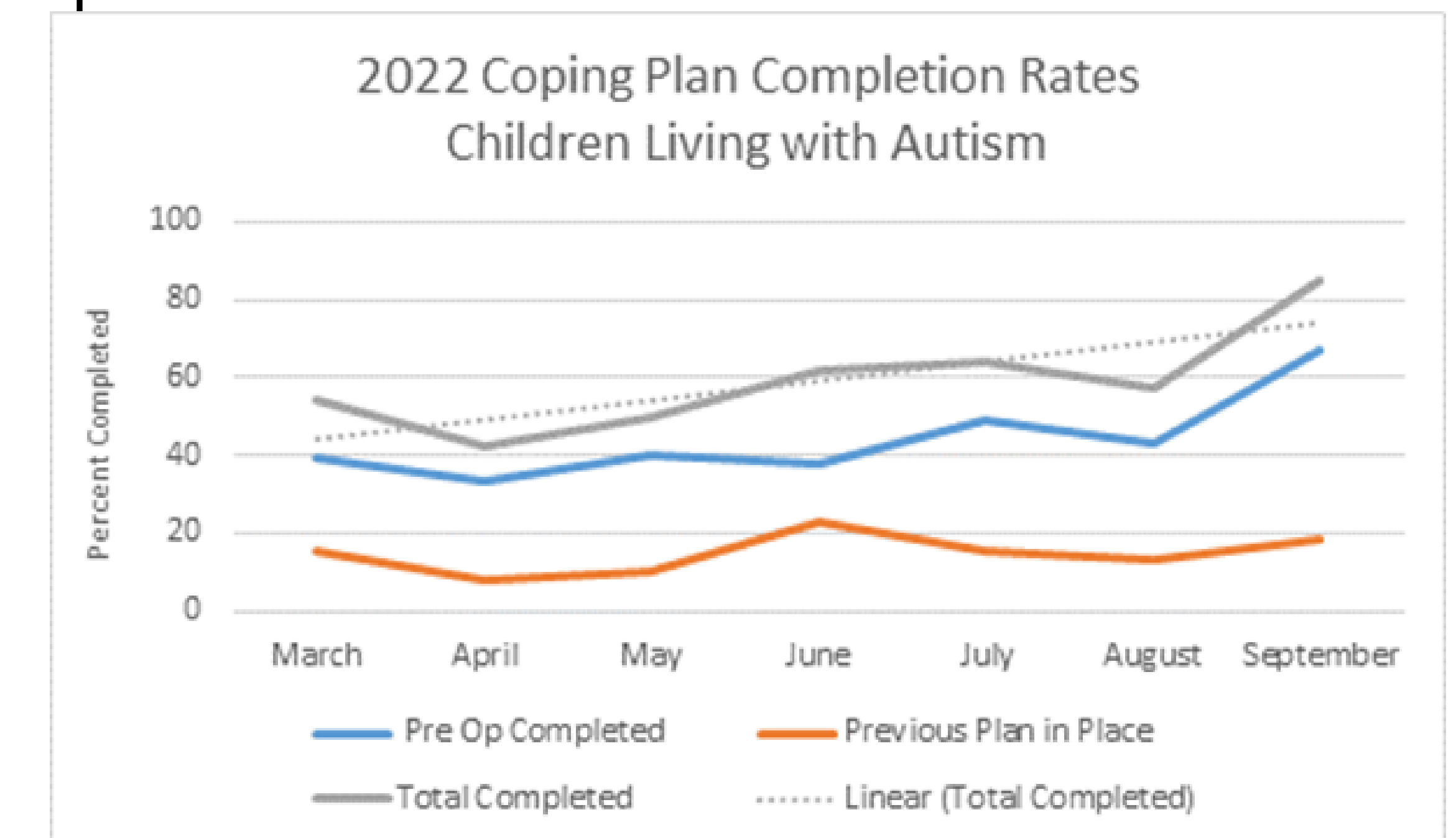
- Implementation of a standard of care (the Let's Cope Together program) to create individualized coping plans for children living with autism which are accessible to all caregivers throughout the health system.

## Environmental Modifications

- Schedule as first case, or early in the day.
- Minimize wait times by adjusting arrival time.
- Have family bring in any comfort items or communication devices.
- Keep number of caregivers to a safe minimum.
- All involved in child's care should review coping plan, supported by Epic notifications such as best practice advisory pop-up, status board icon & storyboard banner.
- Dim the lights and minimize noise throughout.
- Do not require the child to change into a gown.
- Do not require full vital signs if it's problematic (at provider discretion).
- Allow parents to accompany child back to OR.
- Allow parents to be present upon emergence in the PACU.
- Complete discharge teaching before the child wakes up.
- Allow for discharge from the PACU when ready to eliminate another transition.

## Evaluation of Outcomes

- For the first six months, a perioperative coping plan has been in place for an average of 55% of patients.
- Satisfaction survey results for dental patients have improved.
- Staff, provider and family feedback has been positive.



Experience data for dental population

	2.21.2021-7.31.2021	2.21.2022-7.31.2022
n size	56	35
Net Promoter Score	83.9	91.4
Family involved in visit	82.6%	94.1%
Trust providers with care	84.6%	88.2%



Tamara said Let's Cope Together dramatically improved Emily's experience. "Because she was so comfortable with the staff, she was wheeled to surgery like she was going off with her best friends. It's an amazing program."

## Implications

- Along with considering environmental modifications, having a coping plan in place enables the health care team to provide care individualized to the patient & family, offering a smoother perioperative experience.

## Acknowledgements

The authors would like to thank Karen Gralton, Kevin Gullikson, Sandy Maher-Johnson, Jason Seidl & the Surgical Services team.