Caring for Patients Living with Autism in the Perioperative Setting

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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.

Synthesis of Evidence
- **Evidence supports an individualized plan** for children with autism and their families.
- Proactively creating a **coping 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.

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?

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.

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

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.

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