

Autism 101 for EMS

Autism 101 for EMS Practitioners:

* Individuals with autism cannot be identified by appearance. They look the same as anyone else. They're identified by their behavior. Autism is a spectrum disorder. It presents differently in each individual. What works for one individual with autism may not work for another.

* 50% of individuals with autism are nonverbal throughout their life span another 20% may present as nonverbal when highly stressed.

* 30 – 40% of individuals with autism will develop epilepsy or some other seizure disorder during adolescence.

* Individuals with autism have a difficult time reading facial expressions. The Wong-Baker Faces Pain Rating Scale will NOT be an accurate measurement for pain.

* You may encounter Autism by one of its many other names such as, *ASD -Autism Spectrum Disorder, Aspergers Syndrome, PDD- Pervasive Developmental Delay, PDD NOS- Pervasive Developmental Delay Not Otherwise Specified and of course Autism.*

* Some individuals with autism do not have a normal range of sensations and may not feel the cold, heat, or pain in a typical manner. In fact they may fail to acknowledge pain in spite of significant pathology being present. They may show an unusual pain response that could include laughter, humming, singing and removing of clothing. Ask caregiver to help determine pain levels.

* Individuals with autism may engage in self stimulatory behavior such as hand flapping, finger flicking, eye blinking, string twirling, rocking, pacing, making repetitive noises or saying repetitive phrases that have no bearing on the topic of conversation. This behavior is calming to the individual, even if it doesn't appear calming. They may repeat something you said or something they heard over and over and over again. This is called echolalia and can be calming to the individual. If these behaviors are NOT presenting as a danger to themselves or others it is in your best interest not to interfere with it. Allow THE BEHAVIORS to continue as long as the individual is safe and is safe to be around. Trying to stop the behaviors will increase anxiety and may cause the individual to act out aggressively

* Individuals with autism often have tactile sensory issues. Band-aids or other adhesive products could increase anxiety and aggression.

*When restraint is necessary, be aware that many individuals with autism have a poorly developed upper trunk area. Positional asphyxiation could occur if steps are not taken to

prevent it: frequent change of position, not keeping them face down. Individuals with autism may continue to resist restraint.

EXAM TIPS

*Move slowly, performing exams distal to proximal. Explain what you plan to do in advance and as you do it in short phrases. If you have to move them explain where you are going and what they may see and who might be there. This may avert unnecessary anxiety and/or outbursts or aggressions from the patient. Individuals who appear not to understand may have receptive language that is not entirely evident.

*Speak simply; give plenty of time for an individual with autism to respond to questions. A 3 – 4 second delay is not uncommon. Repeat your question and wait again. Use a calm voice. Be aware that some autistic persons' use of "yes" and "no" to answer questions may be random and misleading. Try inverting your questions to validate the patient's response.

*Expect the unexpected. Children with autism may ingest something or get into something without their parents realizing it. Look for less obvious causality and inspect carefully for other injuries.

*If possible ask a caregiver what the functional level of the individual with autism is, then treat accordingly. Stickers, stuffed animals and such which are used to calm young children may be helpful even in older patients.

*If a caretaker is present, allowing the caretaker to ask the questions involved in an exam may increase the likelihood of getting information from the person.

* Allow a caretaker to ride with the patient if possible. This will reduce anxiety and make your job less difficult.

*Don't presume a nonverbal child or adult who seems not to be listening, can't understand. Speak respectfully about and to the individual.

*Individuals who present as nonverbal may be able to write or type responses. Provide paper and pen or laptop for the best chance of getting the information that is needed.

*Attempt to perform exams in a quiet spot if at all possible, depending on the severity of injury and safety of the scene. Demonstrating what the exam will consist of on another person first may help the person with autism have a visual knowledge of what your intentions are.

*Emphasize the comfort & reassurance repeatedly

OTHER HELPFUL INFORMATION AND IDEAS

*When possible avoid use of sirens and flashing lights. Sound and light sensitivity is common in Autism.

*Alert Emergency Room (ER) personnel to upgrade triage for child or adult with autism even if injuries are relatively minor. Having the person wait for medical attention may cause avoidable disruptions in the ER. Expect the sensory stimulation of the ER room such as equipment, lighting, noises, aromas and commotion to cause a negative escalation of behavior. Upgrading triage will save valuable ER time and resources.

*If possible communicate with receiving hospitals before arrival. Request a quiet isolated area or room for the patient with autism.

*Some autistic persons will be terrified by restraint systems used in ambulance transfers. Ideally, explain and get consent from the patient or guardian before attempting to strap onto a KED or stretcher.

*An individual with autism may not respond to directives, and that can be because they don't understand what's being demanded of them, or even just because they're scared— the fact that they're scared is the only thing they will be aware of — they may not be able to process language or understand a directive when fearful.

* They may fixate on or stare at an object in the room (or on your body — a badge, earrings, buttons...)

* Whenever possible, avoid touching these individuals. Some, but not all, individuals with autism will become more agitated and possibly aggressive when touched. Tell them what you are going to do.

* Identification can often be found on individuals with autism by a Medic Alert Bracelet or necklace used in a different way. Some families may thread the ID into a shoelace, into a belt, or as a zipper pull. A business card with personal information may be in a pocket or wallet.

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