Individuals with autism spectrum disorder (ASD) presenting with acute agitation, including dangerous behaviors to self and others, often cause families, caregivers, educators, and first responders to turn to the hospital emergency department (ED) in times of crisis.

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Contact Information

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Assessing Patients with Autism Spectrum Disorder in the Emergency Department

A guide developed by the Autism Services, Education, Resources, & Training Collaborative (ASERT)

ASERT is funded by the Bureau of Autism Services, Pennsylvania Department of Human Services
The Need for Training

With the rising prevalence of autism spectrum disorder, the aging population of those diagnosed or undiagnosed with ASD and the limited training and understanding of ASD by general healthcare providers, indicates the need for more concerted and hands-on-hand training for service providers to address behaviors that may accompany autism spectrum disorder and ongoing support to address these problems in practice (PA Bureau of Autism Services, 2011).

Understanding the relationship between an increased state of anxiety or stress and the characteristics of autism spectrum disorder can enhance the successful delivery of service by emergency department personnel and avoid escalation of unwanted behavior and compromised care.

Tips for Emergency Departments when encountering patients with ASD

- Provide a family support person who has training in ASD to accompany the primary caregiver and the patient to a quiet area of the ED for registration and prepare for the evaluation.
- Whenever possible decrease wait times.
- Adapt the ED environment. Entering a noisy, crowded waiting room may trigger acute anxiety and challenging behaviors in individuals with ASD.
- Quickly determine the patient’s level of communication and mode of communication (verbal, visual, pointing, pictures (PECS), I-pad, modeling, etc.).
- Do not force eye contact.
- Use a neutral tone of voice, speak slowly, and wait for a response.
- Obtain information from the staff or caregiver on interventions that were successful in prior visits to the emergency department.
- Ask about sensory sensitivity (auditory, visual, tactile, olfactory, vestibular, and proprioceptive).

Tips continued

- Use play items or interest areas (dolls, stuffed animals, pictures, internet) to show or demonstrate any medical procedures.
- Provide verbal praise, encouragement and rewards when possible.
- Have available non-pharmacological interventions i.e., de-escalation “toolbox” with activities and interest areas to decrease acute agitation and prevent meltdowns.
- If transporting the patient to another area in the hospital, allow a primary caregiver to accompany the patient.
- Utilize hospital resources if available (OT, PT, Communication Specialist, Teacher/Therapist) to help reduce anxiety or distract the patient’s attention during a procedure.
- Intervene using a least restrictive treatment model. Refrain from using restraints (physical, mechanical or chemical) as a first line intervention to control challenging behavior.

This guide is designed to provide Emergency Department physicians, nurses and other staff with a quick reference to assist in making the emergency room experience safe and therapeutic for both the patient with ASD and themselves. If you need more information, please call the ASERT Statewide Autism Resource Center at 877-231-4244.