## Redesigned ER Model Limits Autism Spectrum Disorder Stressors

Eliminating unnecessary stimulation in the emergency department, Nemours Children's Hospital (NCH) has developed a new model for providing care to children with autism spectrum disorder, developmental delays and other behavioral conditions. The redesigned care model is specially designed to reduce poor outcomes and negative experiences caused by sensory overstimulation in a typical emergency department setting.

"Traditional emergency department settings are fast-paced, loud and overwhelming, which can overstimulate and distress children with autism spectrum disorder and similar conditions," said Cara Harwell, ARNP, CPNP, PMHS, Emergency Department Nurse Practitioner at NCH. "At Nemours, we want to be sensitive to all pediatric patients who come through our doors and alleviate any unnecessary stress our patients and families may experience."

Harwell, along with Emily Bradley, MA, CCLS, Certified Child Life Specialist at NCH, developed and instituted the pilot program based on the limited research available. Named "Respecting Each Awesome Child Here" or REACH, it is one of the first in the country to adapt care to the needs of children within the emergency department. The complete care model covers all aspects of a visit:

- Arrival: Families are instructed to alert emergency department staff if a child has autism spectrum disorder or another behavioral condition. From there, families and children are offered options such as headphones, sensory brushes and other resources to help distract children from overwhelming sights and sounds. Patients are also offered the option to occupy a separate, quiet waiting room or playroom while waiting to be seen.
- Intake and Assessment: The healthcare team on the emergency department floor is notified of the arrival of REACH
  families, ensuring the special accommodations are provided. A child life specialist is brought in to assess the situation and
  make sure that children and parents are comfortable. Frontline staff can decrease stimulation for children by dimming
  lights, reducing use of unnecessary monitors, and limiting the number of caregivers in the room at one time.
- Treatment: Families are consulted on their child's preferences and any adverse reactions to medications or to behavioral triggers, enabling providers to expedite decision-making to comfort the patient. The healthcare team sets up a REACH order that can be followed to expedite choices regarding consults, medications, tests and environmental adaptations.

Prior to instituting REACH, healthcare personnel at Nemours Children's Hospital's emergency department underwent education and training to learn new techniques and the capabilities of the tools available.

"Trips to the hospital come with a lot of anxiety, especially for families of children with special needs. The REACH program gives our Emergency Department team the tools and resources to provide the best care possible to every child and family, in a way that is comfortable to them," said Harwell.

Three research studies are underway to evaluate the pilot program and similar efforts, including assessing how emergency departments across the country accommodate children with autism spectrum disorders and similar conditions, analyzing the comfort level of emergency room staff in managing care for these children and measuring patient outcomes and parent satisfaction of the visits. Additionally, plans are underway for Alfred I. duPont Hospital for Children, NCH's sister hospital in Wilmington, Del. to institute a similar care model in its emergency department.

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