

Admission information for patients with intellectual disability or autism spectrum disorders.

This information is designed to assist health professionals care for their patients who have intellectual disabilities or autism spectrum disorders.

Monash Health is located within a large and diverse community. Health professionals work across this community with many different patient groups, including people with intellectual disabilities or autism spectrum disorders. When a patient with an intellectual disability or autism spectrum disorder is admitted to hospital, there are some important principles to keep in mind.

Reason for admission

This admission could be for any of the following reasons:

- Known health issue (physical or mental health)
- Procedure (including investigation or surgery)
- Change in behaviour for investigation
- Need for additional support and services

Communicating Information Regarding the Admission

- Has the reason for the admission been explained to the patient using their preferred manner of communication?
- If the admission has been planned, care givers may be able to reduce anxiety by providing the patient with information about what they are likely to experience while in hospital. This may take the form of visual aids such as pictorial stories (social stories).

Medical decision-making

- Is the patient able to make their own decisions in relation to medical care?
- If the patient requires support, who provides this support?
- Does the patient have a nominated medical decision maker?

Understanding the patient

- Ask about the patient's **usual demeanour**, level of alertness, mood, communicative and cognitive ability, and motor and sensory ability. Ask about **what** has changed, **how** and **when**.
- Ask about their **strengths and abilities** as well as what they find difficult. Ask about their preferences, likes and dislikes relevant to care provision.
- Does the patient have a **communication** aid (for example: iPad, board, book)? If so, how do they use it? **This must be made available to them at all times while in hospital.**
- Does the patient have **mobility** issues? Do they use a mobility aid? Discuss what would be best for them to use in hospital.
- How can the patient be **best supported** to feel as safe and comfortable as possible? (Visual cues, favourite routines, precious objects, minimising sensory overload such as lights, noise or smells, providing as much predictability and consistency in care as possible.)

Taking a detailed history

- Always speak directly to the patient and obtain as much information from them as possible.
- If required and with consent, gather supplementary information from those who know them well; you may need to ring family members or senior staff at the accommodation facility.

Information for health professionals

- Document all the patient's health conditions and current medications to ensure management in hospital addresses all of the patient's health needs.
- Ask to see the patient's health file; many families and all supported accommodation facilities keep an individual health file.
- Consider conditions that you would look for in another patient of that age or gender (for example malignancy in an older person with weight loss).
- Consider conditions that are more common in people with that particular disability (for example, thyroid dysfunction in people with Down syndrome; pathological fracture/osteoporosis in people not weight bearing).

Assessing support in the community

GP

- Many people with disabilities have a close relationship with their GP. Contacting the GP practice alerts them to the admission, and provides information relevant to admission.

Accommodation

- Where does the patient live? With whom?
- What support do they need in their daily life and who provides it? These people are an essential part of the care team, and must be engaged as partners in care for admission, inpatient care and discharge planning.

Family

- Are family members present? If so, ask them if the patient presented like this before? What was the diagnosis?
- What worked and what didn't work during their last hospital stay?
- If family are not present, ask the patient if they would like them notified.

Paid support staff

- Are direct care support staff present? If so, how well do they know the patient? Ask them if the patient has presented like this before? If so, what was the diagnosis?
- What worked and what didn't work during their last hospital stay?

Direct support staff are experts in supporting people with disability so value their perspective and expertise. They do not have health training so avoid using health jargon.

Undertaking an examination and investigations

- Always ask the patient's permission to examine them and explain to the patient what you are going to do.
- When a patient is not able to describe their symptoms or their response to treatment, a comprehensive examination and investigations play an essential role in identifying pathology and clarifying differential diagnoses.

For information



**Centre for Developmental Disability Health: www.cddh.monash.org
03 9792 7888**

Useful resources

Medical Consent: www.publicadvocate.vic.gov.au/medical-consent

Health care: (eTG) Management Guidelines: Developmental Disability. Version 3. Melbourne: Therapeutic Guidelines Limited; 2012.