

# Inpatient care information for people 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.

## Understanding the patient and their health issues

- All individuals have unique life experiences and areas of disability and ability. Some people live independently; others are supported by family or community services; while others are supported by disability trained direct support staff in shared homes.
- Patients have their own likes, dislikes, interests, and preferred activities.
- People with intellectual disability are more likely to have motor impairments (speech, mobility, fine motor), sensory impairments (vision, hearing, sensation), epilepsy, disorders of mental health (for example, depression, anxiety), oral or dental disease and gastrointestinal issues (for example, reflux, constipation).
- Patients are often on multiple medications and may have difficulty reporting adverse effects.
- The patient may have missed out on health promotion or preventive health messages and interventions (for example, nutrition, exercise, immunisation and cancer screening).
- Due to possible communication difficulties, the patient is more likely to have undiagnosed or misdiagnosed health issues than the general population.
- Admission provides an opportunity to assess and clarify the patient's current health issues.

## Communicating with the patient, family or direct support staff

- Ask about the patient's **usual demeanour**, level of alertness, mood, communicative ability and cognitive, motor, and sensory ability. What has changed, how and when?
- Ask about the patient's **strengths and abilities** and what they find difficult, as well as their preferences, likes and dislikes as relevant to care provision.
- Ask about the patient's **communication** preference. Does the patient use a communication aid, equipment or device (for example, iPad, board or book)? 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? This may include visual cues, favourite routines, precious objects, minimising sensory overload (lights, noise, smells) and providing as much predictability and consistency in care as possible.

- In some instances family members, close friends or direct support staff may be willing and available to stay with the patient for some or all of their hospital stay. Their knowledge of the person may help overcome communication difficulties and provide comfort to the patient.

### **Predictability and consistency**

Hospitals have rules, rhythms, sights, sounds and smells which are different to the home environment. They can be frightening places for anyone, and particularly for people who have difficulty understanding the hospital environment, why they are there and what is going to happen to them.

### **Helping the patient to adjust to the hospital environment**

- **Work in partnership** with those who are supporting the patient in hospital (for example, family, friends, direct care disability staff) to understand and meet their needs.
- **Learn how the patient communicates** and make every attempt to communicate in a meaningful way with them.
- **Speak to the patient** directly and explain what is happening and what will happen next. It is often helpful to use pictures.
- **Provide predictability and consistency** in your care as much as possible. This could include assigning the same staff each day, making visual timetables of the day and using the same key phrases when approaching the patient for particular tasks.
- **Understand the patient's sensitivity** to certain smells, light, sounds, touch or tastes and, as much as possible, provide a calm and quiet environment.
- Appreciate that people may express their distress or discomfort (whether related to physical pain, anxiety or the environment) through a change in their behaviour.

#### **Key points:**

#### **Care in hospital includes:**

- **Building rapport and communicating directly with the patient.**
- **Valuing the knowledge and experience of those who know the person well (family, friends, direct support staff) and working closely with them.**
- **Addressing the person's multiple health issues.**
- **Providing as much predictability and consistency as possible.**
- **Understanding that the person may express their distress or discomfort through a change in behaviour.**

### **For information**



**Centre for Developmental Disability Health: [www.cddh.monash.org](http://www.cddh.monash.org)  
03 9792 7888**

### **Useful resources**

**Medical Consent:** [www.publicadvocate.vic.gov.au/medical-consent](http://www.publicadvocate.vic.gov.au/medical-consent)

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