Austin HEALTH

AUTISM SPECTRUM CARE PLAN

U.R Number ……..

Surname ……

Given Name(s) ……..

Date of Birth ..……..……

AFFIX PATIENT LABEL HERE

FAH102010

Individual Care Plan

To be completed with the patient and/or caregiver, kept in bedside folder and retained on file for future visits.

About me

Key contact

The person who knows the most about my needs, likes and dislikes is …….

His/her contact details are ……..

I communicate using

- ☐ Sentences
- ☐ Single words
- ☐ Gestures
- ☐ Sign language
- ☐ Pictures
- ☐ Written words
- ☐ Communication device
- ☐ Other…….

……..……..

Sensory sensitivities

- ☐ Bright lights
- ☐ Loud or unexpected noises
- ☐ Touch (e.g., soft or firm touch, specific textures)
- ☐ Specific smells
- ☐ Specific colours
- ☐ Pain
- ☐ Other …….

……....

Dietary requirements

- ☐ Preferred food textures

…….

- ☐ Preferred food colours

…….

- ☐ Preferred food tastes

…….

- ☐ Will arrange to bring my own food

Usual daily routine
(eating, sleeping, showering, etc)

……

……

……

……

……

Favourite things (e.g. special interests, activities I enjoy doing, things I'm good at)

……

……

……

Mood and behaviour

Things that might trigger me to become upset ……

……

Warning signs of becoming upset ……

……

If I become very overwhelmed, I might (hurt myself, hit others, etc)……..……..

……

Things that help me feel better ……..

……

AUTISM SPECTRUM CARE PLAN M4.0

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During my hospital stay

What is the best way for staff to communicate with you?

- ☐ Please speak normally
- ☐ Speak using simple, short phrases
- ☐ Use pictures
- ☐ Use written words
- ☐ Other ……..……

……

How will you let us know if you:

Need the toilet?	*Are hungry/thirsty?*	*Are in pain?*
☐ Sentences	☐ Sentences	☐ Sentences
☐ Single word	☐ Single word	☐ Single word
☐ Gesture	☐ Gesture	☐ Gesture
☐ Writing	☐ Writing	☐ Writing
☐ Device	☐ Device	☐ Device
……..	……...	☐ Cry
……..	……...	☐ Hit
		……

How can we best manage your environment?

- ☐ Arrange a quiet private space for me to wait
- ☐ Low lighting
- ☐ Reduce noise levels
- ☐ Minimise overcrowding
- ☐ Consistent care providers
- ☐ Single room if possible
- ☐ Remove non-essential equipment from my room
- ☐ Other ……..

……

How can staff support you before and during procedures, like taking blood?

- ☐ Explain procedure first in a clear, simple way
- ☐ Demonstrate procedure first
- ☐ Show me a written schedule of the steps
- ☐ Show me a visual schedule of the steps
- ☐ Have caregiver present
- ☐ Please minimise non-essential procedures
- ☐ Other……..

……

How should we give your medication?
(e.g., whole tablets, crushed tablets, syrup)

……...

How can we help if you are becoming upset?

- ☐ Take a break, and give me some space
- ☐ Show me to a quiet private area
- ☐ Support from caregiver
- ☐ Distraction - talk about my interests
- ☐ Distraction - suggest favourite activity
- ☐ Other……

Useful things for distracting and calming:

- ☐ Sunglasses
- ☐ Noise cancelling headphones
- ☐ Music
- ☐ Smartphone or tablet
- ☐ Puzzles or games
- ☐ Sensory toys
- ☐ Comfort item from home
- ☐ Other……..……

……

What else can we do to support you during your stay?

……..

……..

Any further actions required (e.g., referrals, borrow item from autism resource box)

.....

……

Date completed: ……../……./…….. **Review date:** ……./……../……

Name ……..….. Designation ……

Signature…….. Pager/extn……

Completed in collaboration with: Patient / Family / Nursing / Allied Health / Medical / Case Manager / Other

How has the team been notified of care plan? Clinical Alert / File Note / Handover / Email / Team Meeting