Autism Awareness Form

**NAME:** __________________________   **Age:** _____   **Weight:** __________

**Autism Severity Level**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Responds to name is aware of another persons presence</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Interacts with toys beginning language repetition in play and tasks</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Interacts with others controls own behaviour</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Maintains control verbalizes feelings understands rules and regulations</td>
<td></td>
</tr>
</tbody>
</table>

- **Communication style:**
  - Verbal
  - Non verbal
  - Verbal learner
  - Visual learner
  - Assistant devices:

- **Motivators likes:**
  - Food/ Drink (favorite clear fluid drink)
  - Activities
  - Objects
  - Environment

- **Sensory Challenge Dislikes**
  - Smell
  - Noise
  - Touch
  - Crowds
  - Sight
  - Other

- **Ability to Transition to New Environment:**

- **Past Perioperative Experience:**
  1. *Pleasant*

**Patient's Response to Likes**

**Warning Signs of Stress**

**Communication Notes**

**Parental Concerns for this surgery**
2. Acceptable
3. Difficult
4. Extremely distressing
**Enhanced Perioperative Management of Children with Autism Study: Day of Surgery Order Set**

### Study Information

- **Research Ethics Board Number:** 15-168
- **Principal Investigator:** Dr. Desi Reddy (Local Principal Investigator)  
  Dr. Leora Bernstein (Resident Principal Investigator)
- **Contact:** Leora.bernstein@medportal.ca
- **Patient’s Study ID:** ____________

### Booking
- ☑ Patient to be booked on OR list as “special accommodations patient”

### Instructions for Day of Surgery
- ☑ Arrive 1 hour prior to surgery

### Upon Arrival to Same Day Surgery
- ☑ Page Child Life (pager 1417) once patient arrives
- ☑ Patient may remain in own clothing

### Pre-medication
- ☑ Apply tetracaine 4% (Ametop®) to dorsum of both hands in SDS and allow 30 – 45 minutes for desired effect

### Sedation (see mixing instructions below)

- ☑ Contact Attending Anesthesiologist prior to administering sedation

- ☐ midazolam ________ mg PO x 1 dose (dosing is 0.5 mg/kg/dose) (max 20 mg/dose)
  OR
- ☐ ketamine ________ mg (3 – 6 mg/kg/dose) PO x 1 dose
  OR
- ☐ midazolam ________ mg PO x 1 dose (0.25 mg/kg/dose)
  AND
  - ketamine ________ mg PO x 1 dose (3 mg/kg/dose)
- ☐ acetaminophen elixir ________ mg PO x 1 dose (40 mg/kg/dose)

*Mix above medication(s) with 10 mL of*
- ☐ Dr. Pepper ™
- ☐ Coca-Cola™
- ☐ Other ____________

---

**Weight _____ kg**

### Signature:

<table>
<thead>
<tr>
<th>Signature/Printed Name/Designation</th>
<th>Pager #</th>
<th>Date (YYYY/MM/DD)</th>
<th>Time</th>
</tr>
</thead>
</table>

### Co-Signature:

<table>
<thead>
<tr>
<th>Signature/Printed Name/Designation</th>
<th>Pager #</th>
<th>Date (YYYY/MM/DD)</th>
<th>Time</th>
</tr>
</thead>
</table>

### Transcribed By:

<table>
<thead>
<tr>
<th>Signature/Printed Name/Designation</th>
<th>Date (YYYY/MM/DD)</th>
<th>Time</th>
</tr>
</thead>
</table>

### Checked By:

<table>
<thead>
<tr>
<th>Signature/Printed Name/Designation</th>
<th>Date (YYYY/MM/DD)</th>
<th>Time</th>
</tr>
</thead>
</table>
Enhanced Perioperative Management of Children with Autism Study:  
Day of Surgery Order Set

**Vital Signs**
- Please do one set of vitals 20 min after administration of sedation

**Additional Orders:**
- 
- 
- 

---

**Signature:**

<table>
<thead>
<tr>
<th>Signature/Printed Name/Designation</th>
<th>Pager #</th>
<th>Date (YYYY/MM/DD)</th>
<th>Time</th>
</tr>
</thead>
</table>

**Co-Signature:**

<table>
<thead>
<tr>
<th>Signature/Printed Name/Designation</th>
<th>Pager #</th>
<th>Date (YYYY/MM/DD)</th>
<th>Time</th>
</tr>
</thead>
</table>

**Transcribed By:**

<table>
<thead>
<tr>
<th>Signature/Printed Name/Designation</th>
<th>Date (YYYY/MM/DD)</th>
<th>Time</th>
</tr>
</thead>
</table>

**Checked By:**

<table>
<thead>
<tr>
<th>Signature/Printed Name/Designation</th>
<th>Date (YYYY/MM/DD)</th>
<th>Time</th>
</tr>
</thead>
</table>
## Pediatric Post-operative Anesthesia Order Set (PACU) – Special Accommodations

<table>
<thead>
<tr>
<th>Procedure:</th>
<th>Weight _______ kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comorbidities: a)</td>
<td>b)</td>
</tr>
</tbody>
</table>

### Activity:
- Early admission of parent/support person to PACU
- Try to minimize light, noise and handling of the patient
- No-No device placed over IV site
- Review Autism Awareness sheet on chart (green)

### Vitals/Monitoring

#### Vitals
- HR, RR, BP, SpO₂ on arrival, then as needed
- T on arrival and PRN
- Pain Score on arrival and PRN

#### Monitoring
- Cardiac Monitoring
- CVP
- Intake and Output

### Lines/Tubes/Respiratory

#### Lines
- Arterial line

#### Respiratory
- Titrate O₂ to keep SpO₂ greater than _______%
- Elevate head of bed to 30 degrees

#### Ventilation
- Ventilate as per gases FiO₂ _________ TV _________ Frequency __________
- Extubate as per protocol
- midazolam _______ mg IV q1h PRN
- Muscle Relaxant _________________ at _______ mg IV q1h PRN

---

***Complete all areas in signature box. Orders will not be processed without a written signature and bradma on each page***

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Pager #</th>
<th>Date (YYYY/MM/DD)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Signature:</td>
<td>Pager #</td>
<td>Date (YYYY/MM/DD)</td>
<td>Time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transcribed By:</th>
<th>Date (YYYY/MM/DD)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checked By:</td>
<td>Date (YYYY/MM/DD)</td>
<td>Time</td>
</tr>
</tbody>
</table>

**Copy Made For Pharmacy**
# Pediatric Post-operative Anesthesia Order Set (PACU) – Special Accommodations

## Lab Investigations
- CBC
- Glucose
- Na, K, Cl
- Capillary Blood Sugar
- aPTT
- INR

## Diagnostics
- ECG
- XR Chest 1V – Reason: Line Placement Query: 
- Other: 

## IV Fluids
- **Bolus IV**: □ □ □ □ at □ □ mL over □ □ minutes
- **IV Fluid**: □ □ □ □ at □ □ mL/h
- □ Saline Lock Flush with 3 mL 0.9% NaCl daily and PRN
- **Second IV**: □ □ □ □ at □ □ mL/h
- □ Discontinue second IV when patient is awake/comfortable

## Clinical Protocols
- □ Malignant Hyperthermia Clinical Protocol

## Pain and Nausea Management

### Pain
- □ see PCA Order
- □ see Epidural Order
- □ acetaminophen □ □ □ □ mg PO q6h PRN (max dose 65 mg/kg/24 hours)
- □ acetaminophen □ □ □ □ mg NG q6h PRN (max dose 65 mg/kg/24 hours)
- □ acetaminophen □ □ □ □ mg PR q6h PRN (max dose 65 mg/kg/24 hours)
- □ morphine □ □ □ □ mg IV q □ □ minutes PRN (max □ □/h)
- □ fentaNYL □ □ □ □ mcg IV q □ □ minutes PRN (max □ □/h)
- □ ketoralac □ □ □ □ mg IV q □ □ minutes PRN (max □ □/h)

---

**Complete all areas in signature box. Orders will not be processed without a written signature and bradma on each page***

### Signature: ________________________________ Pager # ______ Date (YYYY/MM/DD) Time ______
- Signature/Printed Name/Designation

### Co-Signature: ________________________________ Pager # ______ Date (YYYY/MM/DD) Time ______
- Signature/Printed Name/Designation

### Transcribed By: ________________________________ Date ______ Time ______
- Signature/Printed Name/Designation (YYYY/MM/DD)

### Checked By: ________________________________ Date ______ Time ______
- Signature/Printed Name/Designation (YYYY/MM/DD)

**Copy Made For Pharmacy**
Pediatric Post-operative Anesthesia Order Set (PACU) – Special Accommodations

**Pain and Nausea Management continued**

**Nausea**
- Dimenhydrinate ______ mg (0.5 – 1 mg/kg) IV q _____ h PRN
- Ondansetron ______ mg (100 mcg/kg) IV x 1 Loading dose
- Ondansetron ______ mg (50 mcg/kg) IV x 1 Rescue dose

**Pruritus**
- Diphenhydramine ______ mg IV q _____ minutes PRN (max dose ______)

**Discharge**
- Arterial line
- CVP line
- Epidural catheter
- Other ________________________________

**Discharge**
- As per PACU Discharge Criteria
- To ICU when ready
- By Anesthesiologist
- Home from PACU

**Additional Orders**: One per line please or use blank online order set

**AVOID USE OF UNSAFE ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Do NOT Use</th>
<th>USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbreviations for drug names</td>
<td>Write in full</td>
</tr>
<tr>
<td>A trailing zero – X.0 or 10.0</td>
<td>X mg or 10 mg</td>
</tr>
<tr>
<td>A lack of leading zero - .X</td>
<td>0.X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do NOT Use</th>
<th>USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>D/C</td>
<td>Discharge or discontinue</td>
</tr>
<tr>
<td>&gt;</td>
<td>greater than</td>
</tr>
<tr>
<td>&lt;</td>
<td>less than</td>
</tr>
<tr>
<td>OS, OD, OU</td>
<td>Left eye, right eye, both eyes</td>
</tr>
<tr>
<td>LS, RS, AU</td>
<td>Left ear, right ear, both ears</td>
</tr>
<tr>
<td>SC, SQ, sub q</td>
<td>Subcut or subcutaneous</td>
</tr>
</tbody>
</table>

**Transcribed By**: __________________________ Date (YYYY/MM/DD) Time ________

**Checked By**: __________________________ Date (YYYY/MM/DD) Time ________

**Signature/Printed Name/Designation**

**Copy Made For Pharmacy**

---

***Complete all areas in signature box. Orders will not be processed without a written signature and bradma on each page***

Signature: __________________________ Pager # _______ Date (YYYY/MM/DD) Time ________

Co-Signature: __________________________ Pager # _______ Date (YYYY/MM/DD) Time ________

Transcribed By: __________________________ Date (YYYY/MM/DD) Time ________

Checked By: __________________________ Date (YYYY/MM/DD) Time ________
**eAPPENDIX 4**

**Special Accommodations Parental Feedback Form**

Did you fill out a pre-operative template with child life and pediatric anesthesia prior to surgery?

Did the staff make reference to having reviewed the personal information you provided to us that would help us care for your child?

What things were helpful for you and your child during your surgical experience?

What would have been helpful and made the experience a better one for you and your child?

Did your child have any difficulties during his stay with us? If so, what helped? What did you wish the staff had done at that time?

Overall, how would you rate your OR experience

a. pleasant
b. acceptable
c. difficult.
d. extremely distressing.

Any other comments you would like to share? Thank you for your time.