Children's Healthcare of Atlanta

Walking Through the ED

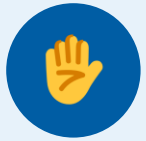
An autism-affirming look at the environment at each stage of an ED visit — and how care teams can respond





Before Stage 1: What the Care Team Already Knows

Existing OT, PT, SLP, and behavioral assessments can front-load accommodations before the visit begins



Occupational Therapy

- Sensory profile — hyper/hypo-sensitivities by system (sound, light, touch)
- Preferred regulation & self-soothing strategies
- Tactile tolerance for equipment (gowns, leads, cuffs)
- Fine motor / self-care support needs

Physical Therapy

- Mobility status, gait, assistive device use
- Positioning and transfer needs
- Tolerance for handling or repositioning
- Adaptive equipment on hand (wheelchair, orthotics)

Speech-Language Pathology

- Communication mode (verbal, AAC device, sign, PECS)
- Receptive language level — how instructions should be phrased
- Feeding/swallowing precautions, if any
- Behavioral signs of frustration when not understood

Behavior Analyst / Psychology

- Functional behavior assessment — known triggers & antecedents
- Effective de-escalation and reinforcement strategies
- How distress is communicated behaviorally
- Existing crisis or safety plan on file

This information often already exists in the chart. The fastest accommodation is asking what's already documented before assuming.

STAGE 1 OF 5

Waiting Room

Waiting Room

Environmental & Sensory Stressors

- Overhead fluorescent lighting with no dimming option
- TV or waiting-room noise with no volume/content control
- Seating close to strangers; limited personal space
- Uncertain, unannounced wait time
- Intercom pages and sudden announcements
- Repetitive intake paperwork and questions before being seen

Affirming Care Strategies

- Offer a quieter space or corner seating if available
- Give a visual or verbal wait-time estimate, and update it if it changes
- Allow headphones, stim tools, or preferred comfort items
- Flag the chart in advance so front-desk staff know accommodations needed

STAGE 2 OF 5

Vitals & Triage

Vitals & Triage

Environmental & Sensory Stressors

- Blood pressure cuff: unexpected tightening sensation
- Pulse oximeter on finger; thermometer in ear or mouth
- Being weighed and repositioned by an unfamiliar person
- Rapid-fire intake questions from a new staff member
- Open triage area with limited privacy

Affirming Care Strategies

- Narrate each step before touching ("I'm going to put this on your arm now")
- Offer to demonstrate on a caregiver or the patient's hand first
- Slow the pace; allow processing time before repeating questions
- Ask about sensory sensitivities up front, not after distress starts

STAGE 3 OF 5

ED Bed / Room

ED Bed

Environmental & Sensory Stressors

- Bright overhead exam lighting
- Unfamiliar bed, paper sheets, hospital gown texture
- Monitor beeping and alarms from neighboring bays
- IV placement, needles, tape or adhesive on skin
- Curtain-only privacy; frequent interruptions from staff entering

Affirming Care Strategies

- Dim lights or adjust them when medically appropriate
- Allow a support person or caregiver to remain at bedside
- Provide a simple visual schedule of what happens next
- Offer noise-reducing headphones or a preferred comfort item

STAGE 4 OF 5

Nurse Assessment

Nurse

Environmental & Sensory Stressors

- Rotating shift nurses mean repeated introductions to new faces
- Physical exam touch: stethoscope, palpation, repositioning
- Expectation of quick verbal answers under stress
- Long gaps between check-ins with no status update

Affirming Care Strategies

- Identify communication preference (verbal, AAC, written) and document it
- Keep a consistent primary nurse when staffing allows
- Offer choices where possible (e.g., which arm for the IV)
- Check in with brief, predictable updates even when there's no news

STAGE 5 OF 5

Physician Visit

Doctor

Environmental & Sensory Stressors

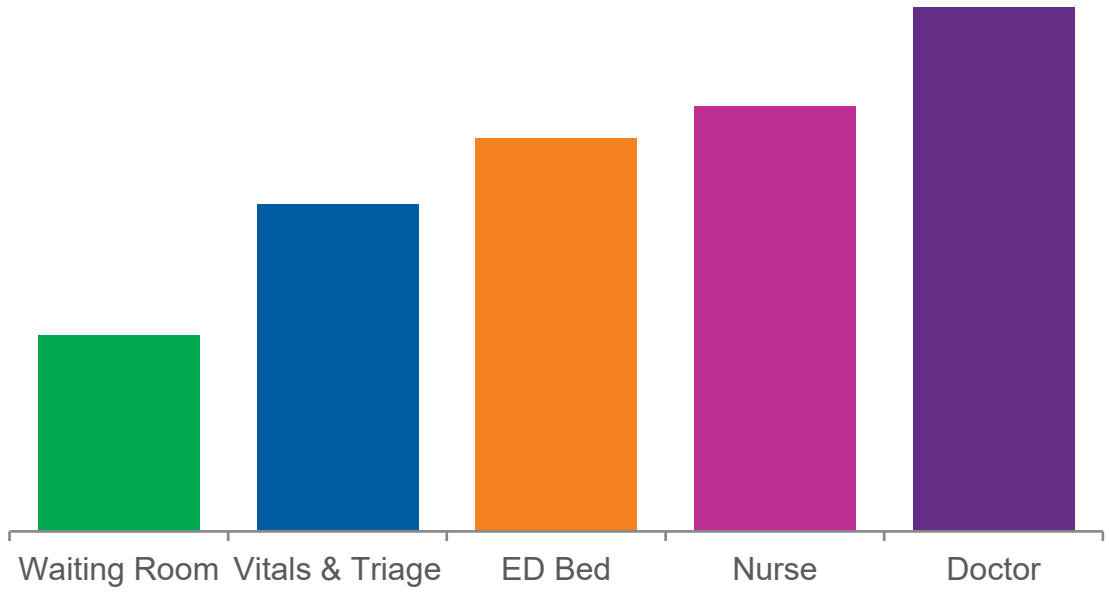
- New, unfamiliar provider enters abruptly
- Expectation of direct eye contact
- Medical jargon and fast explanations
- Unpredictable exam steps (light in eyes, throat depressor, palpation)
- Pressure to make quick decisions about care or consent

Affirming Care Strategies

- Review the chart for documented accommodations before entering
- Use plain language; check for understanding, not just compliance
- Preview each exam step before doing it
- Involve the patient and caregiver directly in care decisions

Cumulative Sensory & Emotional Load

Stress compounds across the visit, it doesn't reset at each new stage or provider



Illustrative figure, not measured patient data.

Key Takeaways

- A dysregulated patient at hour 3 may be responding to hours 1–2, not just what's happening right now
- Front-loading accommodations in the waiting room can prevent escalation later in the room or exam
- One consistent, documented plan shared across roles reduces repeated retraumatization
- Most strategies cost no extra time or equipment — they're a shift in sequencing and communication

Sources

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Content is illustrative/composite for training purposes; strategies are grounded in the cited literature but no individual patient case is depicted.