**Pediatric Autism Spectrum Disorder**

**Patient Case Summary**

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| **Name**: Charlie Johnson **Age**: 6 years old  **DOB**: 9/5/15  **MRN:** 035679 **Heigh**t: 46 inches  **Admitting Weight**: 45 lbs.  **Healthcare Proxy:** No  **DNR:** No  **Admitting Diagnosis:** Autism, limited verbal speech | **Demographics**  **Gender Identity:** Male **Religion:**  **Household members:** sister (age 14), brother (age 12), parents  **Occupation: n/a**  **Marital status:** n/a  **Race Ethnicity:** Caucasian  **Language:** English, limited verbal speech  **Postal Code:** 11001 | **Allergies:** None  **Current Medications:**  Risperidone 0.25mg by mouth once daily  **Immunizations are up to date:**  MMR  Varicella  HepB  RV  DTaP  PCV13  IPV  Yearly Flu  Pfizer COVID vaccine |
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| **HISTORY OF PRESENT ILLNESS:**  Charlie is a 6-year-old boy who was diagnosed with classic autism at age 24 months and is now getting ready to transition to kindergarten in his local elementary school. His family placed him in early intervention services shortly after his initial diagnosis at 2 years of age, where he continued up until his 3rd birthday. His family found that the team was very supportive and responsive to their son, where he made developmental gains in the areas of interactive play and early communication development. Charlie was evaluated by audiology with no significant hearing loss identified  Upon recommendation of his interprofessional team and following his family preferences, Charlie transitioned to an inclusive private preschool setting in their neighborhood. The class size is small with the preschool teacher is also an early childhood special educator. His family and teacher decided to extend Charlie’s placement in preschool up until age 6 and then transition him to kindergarten. In the preschool setting, Charlie has shown progress by participating in structured play with other children and following the classroom routines. His language development has progressed, as he can often find words he wants to say and even spell them using his iPad. His verbal speech remains very limited, and his team has not determined what contributes to his speech delay. While he successfully interacts with other children for limited periods, he continues to play alone with Legos, puzzles, books, and art materials. He occasionally has meltdowns when his routines are changed. Charlie is a picky eater and often will only eat crunchy foods or foods that are specific colors. The speech-language pathologist has found that some textures are difficult for Charlie to chew and swallow and has consulted with a nutritionist to develop a program to assist him and his family.  In planning for his transition to kindergarten to a larger public elementary school classroom, his parents and preschool team want to maintain an inclusive program. Charlie’s parents raised their concerns not only with Charles’s limited communication but with his limited interaction with peers, solitary play, poor eating habits, and “meltdowns” with routine changes.  A transition team meeting due to school-based systematic ‘aging out’ is being held with Charlie’s interprofessional healthcare team. Concerns identified in creating a plan for his transition to an inclusive classroom in his public school with appropriate supports to be discussed. | | |
| **PAST MEDICAL HISTORY:** Autism, limited speech | | |
| **SOCIAL HISTORY:** Charlieinteracts with other children for limited time periods and plays alone comfortably with legos, puzzles, books, and artwork; weighted blanket comforts Charlie after his “melt-downs”. He has picky eating habits. | | |
| **Nursing Evaluation**  **Situation:** Patient is a 6-year-old boy with a diagnosis of autism at the age of 24 months. He is presently transitioning to kindergarten at his local elementary school. In planning his transition to kindergarten to a larger public elementary school classroom, his parents and preschool team want to maintain an inclusive program.  **Background:** Patient was placed in early intervention shortly after his initial diagnosis at 2 years old. The family reported he made developmental gains in interactive play and early communication and transitioned to an inclusive private preschool. In preschool, the patient continued to show progress in both interactive play and he followed classroom routines.  **Assessment**: The patient is awake and alert with limited eye contact. His verbal speech remains very limited. The patient is seen interacting with others for only a limited time, he will then play alone. The patient does have occasional meltdowns especially when routines are changed. The family expressed concern over the increase of meltdowns recently. The patient is a picky eater, eats only crunchy foods or only foods of a certain color. He also sometimes has difficulty with certain textures to chew and swallow. BP: 92/52; Heart rate: 98; Respirations: 20; Temp: 98.2  **Recommendations/Plan of Care**:   * Promote structure and routine in daily activities in using visual cues to signal the ending of one activity and beginning of another activity * Maintain low stimulation environment * Instruct family about risks and benefits of medication side effects such as extrapyramidal symptoms, drowsiness, use of protective clothing for sun exposure * Assess family level of stress and family dynamics * Refer to support group and respite care and include siblings * Refer patient to psychologist, assess for childhood depression, anxiety, and intellectual ability * Return to school strategies after being out sick from school * Monitor for early warning signs of agitation * Interventions for over stimulation and early signs of agitation * Educate about break time-away followed by prompt re-entry; re-directing as needed * Monitor the patient’s sleep and eating patterns and educate family about the same * Psychosocial assessment, communication, eye contact, behaviors, triggers for agitation, items for fixation   **Referrals**   * Screening tool for depression, anxiety * Refer to ST for speech and swallow * Refer to OT & PT for psychomotor skills * Refer to SW for family assessment * Refer to Dental for oral assessment | | |
| **Social Work Evaluation**  Charlie is a 6-year-old boy diagnosed with autism, who has presented with limited verbal speech. At the time of the meeting, Charlie’s father was present. His father is very informed and knowledgeable about Charlie’s current information as well as his past developmental history. Charlie was neatly groomed and dressed appropriately for the weather.  Charlie and his family were referred to CHDFS Inc. for the required assessment which are necessary to access services such as respite and community habilitation. Prior to this Charlie and his family were not receiving in-home services that help his family support his needs. While he has had some services in the past such as a home attendant, but due to lack issues related to Medicaid, Charlie and his family’s services were terminated and require his to restart with another provider. Charlie and  Charlie currently lives with his parents and two siblings in a 3-bedroom apartment located in Queens, NY. Charlie’s father is a taxi driver, and his mother primarily oversees the household and does not currently work outside the home. Charlie shares a room with his older brother.  While Charlie is often non-verbal, he finds ways to communicate his needs and wants to his parents. According to his father, he will take his parents hand and lead them to what he wants and point to the object(s). Charlie seems to like to be close to his father and allows him to hug him and gives “high fives” when prompted. Charlie engages in some self-stimulation/self-soothing behaviors, such as physically rocking himself and spinning items. He also likes to put rubbery items in mouth and chew on it. Charlie also likes to be outdoors and enjoys anything that involves physical movement. During the interview, he was walking around the room and at one point he tried to leave the room.  Charlie is currently thriving in an inclusive private preschool setting in their neighborhood, where th class size is small and the preschool teacher is also an early childhood special educator. His family and teacher decided to extend Charlie’s placement in preschool up until age 6. The plan is for him to transition him to kindergarten in a larger public elementary school.  In the preschool setting, Charlie has shown progress by participating in structured play with other children and following the classroom routines. His language development has progressed, as he can often find words, he wants to say by spelling them out using his iPad. According to his father, Charlie likes to play by himself, and he does not usually interact with other children. He typically moves to another activity if he was playing with something, and another child approached him.  His father reported that Charlie can follow simple directions but has a fleeting attention span. His father stated that he has no attention span for watching television because he dislikes sitting for a long period of time, so can be difficult to get him to engage in sustained activities.  Charlie often becomes upset and frustrated if he does not have his wants met. When Charlies gets upset, he usually screams or grabs for his father hand. He may hit his head on soft items, such as a mattress on the bed or a sofa. He does seem to respond well to redirection. His father did not indicate that more behavioral difficulties result from such situations, but he seems quite adept at anticipating Charlie’s needs.  Charlie and his family seem to have a great relationship; both his parents and siblings are supportive of him and demonstrate understanding al of his complex needs. They report receiving good support from their neighbors and friends as well, but also admit to needing additional help  Charlie began receiving in home early Intervention services at approximately 24 months of age. He received around 20 hours of services per week in home and an addition 2 hours per day at the school program. He received Occupational Therapy, Speech and Language Therapy and applied Behavioral Analysis. He received these services from an agency called the Little Wonders, located in Queens, NY. He began attended the Little Wonders school program full time and continued to receive the same related services.  During the meeting, Charlie had some difficulty with sitting in the evaluation room and roamed around the room throughout the interview. At one point, Charlie stepped outside of the room and was verbal prompted to come back into the room. He also accidently knocked down some books and toys on top of shelf in the room. Charlie had difficulty making eye contact and made some distinctive noises at various points the interview. His father seemed to naturally respond to Charlie if he thought he was getting too agitated or distressed. Charlie’s father indicated that Charlie can be picky about which foods he eats especially if he is not familiar with it. However, after trying and becoming familiar with certain foods he can grow to like it. He is also able to get small snacks for himself, but he is unable to prepare food for himself. He also loves junk food, especially cookies.  His father reported that Charlie seems to have difficulty identifying dangerous situations, but usually listens to his parents when they are out in the community. Charlie has a very limited understanding of money and is not familiar with his neighborhood or public transportation; also, while he is out in the community, he needs someone to travel with him because he cannot travel by himself.  The SW will work with the family to help walk them through the process to get approved for services through the OPWDD Program. He will most likely qualify to receive a home attendant if, but the approval process can take up to a month or more.  The social worker will follow up with the MSC and other members of the Interprofessional team to determine what services would best fit his needs and attempt to get him a home attendant while awaiting approval for the OPWDD services.  SW, in consultation with the interprofessional healthcare team, will continue to work with Charlie and his family to provide supportive counseling and referral to services. | | |
| **Nutrition Evaluation**  6 yo male with autism, preparing to transition to kindergarten, being seen as part of interprofessional healthcare team.  Pt has been seen previously by SLP and RD who worked in collaboration. Noted he is a picky eater and often only eats  crunchy foods or foods of a specific color. Also noted he has difficulty swallowing certain textures per SLP.  Concern for nutrient deficiencies, specifically vitamin/minerals, 2/2 concern fruit and vegetable intake may be low.    Biochemical Assessment: No significant labs  Meds: Risperidone – No significant DNI  NFPE: No significant findings  Anthropometrics: Ht. 46” Wt. 45 lb/20.5 kg BMI – 14.3  Pt is at the 9th percentile for BMI (healthy wt) and 50th percentile for stature and wt/age.  Estimated Needs:  Energy needs: 1750-1800 kcal/day (based on estimated average IOM equation)  Protein needs: 19.5 g/day (based on DRI 0.95 g/kg)  Fluid needs: 1650 mL/day (based on DRI)  Diagnosis: Limited food acceptance (new diagnosis) related to PMH autism (psychological) as evidenced by report of  eating only crunchy/specific color foods  Intervention:  Collaboration by nutrition professionals with other providers.  Will participate in interprofessional healthcare team assessment of pt. Specifically, meet with SLP s/p swallow  evaluation to assist with providing proper consistency. Will also review diet intake with family, performing a  24-hour recall, to determine specifically what pt is eating to assess what/if deficiencies are present. Once that is  established, can determine how to proceed with diet intervention to optimize intake.  Monitor and Evaluation:  Types of food, Measured meal and snack pattern, Avoidance behavior. Monitor outcome of 24-hour recall.  New goal – Will outline specific recommended diet interventions within one week.  Bedside/Barium swallow. Monitor outcome of SLP evaluation. New goal – Pt will tolerate regular consistency diet  within one month. | | |
| **Occupational Therapy Evaluation**  **Occupational Profile:** Charlie is a 6-year-old boy diagnosed with autism at 24 months old. Charlie received OT evaluation and intervention through early intervention services and has continued to receive OT 3x/week while attending the special education preschool. Charlie is preparing to transition to kindergarten at the local public school. Charlie demonstrates developmental delay with verbal communication, social interaction, activities of daily living, and school readiness skills. He has difficulty with feeding/eating and avoids textures that are wet and/or sticky. He requires assistance to don/dof a coat with a zipper and is not able to tie his shoes. He enjoys playing with Legos, puzzles, and art work. Charlie has occasional “meltdowns” when his routines are disrupted. Charlie seeks out deep pressure and he uses a weighted blanket as a self-soothing strategy.  **Analysis of Occupational Performance:** Charlie was observed in the classroom setting where he attends preschool. Charlie made infrequent eye contact with his peers during a tabletop art activity. During a tabletop art activity, he was able to follow instructions to pick up and place pieces of paper on a collage; however, he demonstrated difficulty with scissors skills to cut the pieces of paper into shapes. When asked to paste the pieces of paper on the collage, he avoided touching the glue and became visibly upset when the glue touched his hands. Charlie demonstrated difficulty with graphomotor skills to write his first and last name. He wrote his name in all capital letters with bottom-up letter strokes. He also demonstrated difficulty with visual-spatial orientation when asked to write his name in a designated box on the paper. Charlie required moderate assistance to don his coat and had difficulty orienting the sleeves of the coat when he first picked it up from the hanger at his cubby space in the classroom. Charlie was not able to tie his shoes.  Charlie required frequent verbal prompts to follow instructions and stand in line when traversing from one classroom to the next. He frequently leaned against the wall and touched items that were hanging on the bulletin boards in the hallway. During the classroom observation, the class participated in a fire drill. Charlie became visibly upset, placed his hands over his ears, and dropped to the ground when the fire alarm began to ring. He required significant support from the teaching staff to follow instructions and participate in the fire drill. After the fire drill concluded, Charlie continued to be visibly upset and had difficulty attending to the teacher. He frequently got up out of his chair and walked around the room. Charlie was provided with the opportunity to sit on a bean bag chair with a weighted lap blanket in a quiet space within the classroom. After 10 minutes in the quiet space, Charlie appeared calm and was able to return to his chair and participate in the remainder of the class activity.  **Assessment:** Charlie demonstrates difficulty with graphomotor skills, activities of daily living, social participation, and attention during classroom activities. He also has difficulty transitioning from one activity to another and when disruptions occur to the typical daily routine. He exhibits sensory avoidance of wet and/or sticky textures and seeks out deep pressure and tactile input from his environment. Charlie responded well to a quiet environment, plush seating, and weighted blanket to promote self-calming response to the fire drill.  **Plan:** Charlie would benefit from continued OT 3x/week upon transition to the kindergarten setting with a recommendation for a combination of 1:1 and group sessions in both pull-out and push-in mode of delivery. The focus of OT services in the kindergarten setting will be to facilitate skill acquisition and participation in the areas of graphomotor skills, fine motor coordination for classroom materials, activities of daily living skills, and sensory processing skills to promote optimal participation in educational activities in the school environment. | | |