



AUTISM CARE PLAN

U.R Number

Surname

Given Name(s)

Date of Birth

AFFIX PATIENT LABEL HERE

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)

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

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Mood and behaviour

Things that might trigger me to become upset

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Warning signs of becoming upset

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

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Things that help me feel better

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AUTISM CARE PLAN

M4.0



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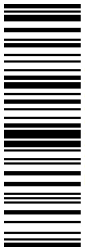
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FAH102010

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?

- Sentences
- Single word
- Gesture
- Writing
- Device

Are hungry/thirsty?

- Sentences
- Single word
- Gesture
- Writing
- Device

Are in pain?

- Sentences
- Single word
- Gesture
- Writing
- 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)

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Useful things for distracting and calming:

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

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

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

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

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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