Expressive Communication:

1. How does the individual express their needs/desires? Check all that apply.
   - Spoken Language
   - Sign Language
   - Pictures
   - Pictures with text
   - Typed words
   - Handwritten words
   - Electronic device
   - Gesturing or pointing
   - Gestures other than pointing
   - Facial Expressions
   - Intonation
   - Other ____________________________________________________________________________

2. How does the individual say yes/no? _________________________________________________

3. How does the individual express pain? Check all that apply.
   - Crying/Screaming
   - Spoken Language
   - Self Injury
   - Aggression
   - Pointing
   - Other, please explain: __________________________________________________________________

Receptive Communication:

1. How does the individual understand new information or instructions? Check all that apply.
   - Spoken Language
   - Sign Language
   - Pictures
   - Pictures with text
   - Typed words
   - Handwritten words
   - Social Stories
   - Electronic device: __________________________________________________________________
   - To Do/Finished Boards
   - First/Then Boards
   - Other, please explain: __________________________________________________________________

2. How does the individual understand the passage of time? Check all that apply.
   - Using a clock
   - Using a timer
   - Using schedule boards
Counting aloud
Other, please explain:______________________________

Social/Pragmatic:
1. What is the best way for doctors or nurses to greet this individual? Please Describe:______________________________

2. What is the best way for doctors or nurses to examine this individual? Check all that apply.
   - Allow the patient to examine any instruments him or herself first
   - Hide instruments until their use becomes necessary
   - Model parts of the exam on trusted adult or doctor/nurse
   - Communicate with the patient (using the favored communication method) before each step of the exam
   - List or count things that the doctor needs to do; i.e. 1-look at eyes, 2-look in ears, 3-listen to heart, etc
   Additional information we should know:__________________________________________________________

3. Is there a part of the exam that would not be tolerable to this individual?
   - Stethoscope
   - Eyes
   - Ears
   - Throat
   - Belly Exam
   - Reflexes
   - Blood Pressure cuff
   - Other, please explain:_____________________________________________________________________

4. Are there particular words, phrases, or actions that may trigger anxiety in the individual?
   - Yes   o No
   If Yes, please explain:_____________________________________________________________________

5. Which of the following may be helpful? Check all that apply.
   - Escort upon arriving at the hospital
   - Map of hospital layout
   - Low Lighting
   - Sunglasses
   - Noise-canceling headphones
   - Weighted blanket
   - Access to music, puzzles, videos, etc.
   - Other, please explain:___________________________________________________________

6. Will the individual be comfortable wearing a hospital gown?
   - Yes   o No

7. Will the individual tolerate wearing a hospital I.D. band on their wrist?
   - Yes   o No

8. Please indicate any behaviors that are likely to require staff assistance. Check all that apply.
   - Physical motion (rocking, flapping, squeezing hands)
   - Vocalizations
   - Self-injurious behaviors
   - Other, please explain:___________________________________________________________________

9. What INITIAL strategies are helpful when helping the individual self regulate?
   - Leave them alone/ignore
o Attempt to engage
o Allow distance/space
o Other, please explain:

10. Does the individual sleep through the night?
o Yes  o No
If No, what strategies do you use to settle or redirect the individual? Please Explain:

11. Do you have any safety concerns for the individual’s stay?
o Yes  o No
If Yes, please explain:

Sensory/Perceptual:
Is the individual sensitive to... (Check all that apply.)

1. Sound
o Loud volume
o Unexpected noises
o Other:

2. Visual stimuli
o Bright lights
o Specific colors
o Other:

3. Smell
o Allergy to fragrance
o Other:

4. Touch
o Increased sensitivity to texture
o Seeks pressure
o Avoids touch
o Avoids specific touch
Explain:

5. Taste/Feeding
o Food allergies:
o Eliminated diet (i.e. gluten/casein free):
o Food aversions:
If the diet is self-limited, what does the individual eat? Please explain:

Does the individual tolerate different foods on the same plate?
o Yes  o No

Other: What additional information should we know in planning the individual’s admission to the hospital?

Questions? Contact Sarabeth Broder-Fingert, M.D. at myhospitacareplan@gmail.com

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