

MD Tip Sheet

Developmental Disabilities in the ED

- For some patients with DD, their MEDS LIST is available from ODSP even if they are under 65.
- Ask “how is their current behavior compared to baseline”?
- PAIN often presents as CHANGE IN BEHAVIOUR.
 - Think “ABC”:

All Behaviour is Communication

- Commonly missed diagnosis/physical findings:
 - Bowel obstruction
 - Constipation
 - Abdominal Sepsis
 - Cerumen impaction
 - Dental sores, caries, abscesses
- Sensory hypersensitivity is common:
 - Lights, noises, smell, touch, may lead to behavioural change.
- Hearing and vision are often impaired. Ask GEM RN for a “Communikit” (communication aids).
- Body language is critical! Slow down, lower your voice, and adjust your approach - it will improve the visit.
- Most people with DD will have experienced trauma/abuse in their past.

RN Tip Sheet

- If the patient is on ODSP (income supports), their medication information is accessible through the ODB Drug Viewer

(even if they are under 65)

- Pain often manifests in aggressive or altered behavior. Think “ABC”:

All Behaviour is Communication

- Life changes may lead to an ED visit
 - New roommate, change in worker, death of friend, etc.
- Sensory hypersensitivity is common:
 - Lights, noises, smell, touch, may lead to behavioural change.
- The patient may have experienced abuse or trauma in their past (prevalence rates in DD are upwards of 90%). This person may be afraid of the hospital, or have fears of undergoing procedures.
 - E.g. bloodwork, IV lines, x-rays, internal exams etc.
 - How can these be adapted?
- Supportive body language, voice and rapport will help.
- Hearing and vision can often be impaired. Ask about accommodations, or how you can help.

Social Work Tip Sheet

SW Tip Sheet

Some tips for SW include:

- Statistically speaking, most people with DD function in the “mild” range – some people equate this to an age equivalent that is similar to a 9-12 year old. However, people will have various areas of strength . Always try to involve the patient as much as possible.
- People with DD may have lower rates of comprehension. Asking the person to repeat/explain in their own words can often highlight these gaps. Sometimes this is referred to as “the cloak of competence”. A person may be more conversant, and appear as though they are following along, when in reality they are struggling. When left undetected, this can result in poor history provided, and missed follow up.
- Whenever possible, it is important to take the time to get collateral information. Individuals with developmental disabilities may not be the best historians and having a second perspective can be very helpful in understanding the presenting issue and making treatment decisions.
- If you are not able to connect with or locate a caregiver, the **DSO** (Developmental Services Ontario), may be able to share with you which agencies (if any) the person is connected to. The DSO is the gatekeeper to developmental services (See Developmental Services Ontario: What you and your patients need to know).
- People with DD have extremely high rates of trauma/abuse - they may be afraid of hospital, or escalate when feeling unsafe. A trauma-informed approach is always recommended for people with DD. Try to find out what calms the person (likes/dislikes) and any triggers that they may have.
- People with DD are commonly very sensitive to change (no matter how big or small). Difficulty coping is a precipitant of many ED visits.
- Ask if the patient (or caregivers) has a **Crisis Plan**. If not, this may be something to introduce prior to discharge. A template is available here.
- Prior to discharge, offer to complete an **Exit Interview** with the patient. This may improve continuity and prevent a repeat visit by reviewing in clear language today’s visit and any follow-up.