

Paediatric Neurodiversity in the Home

Aim: To encourage the use of earlier transfers to home for neurodivergent children to promote better health outcomes for paediatric patients



Which is more inviting and normal?



Method:

Consultation between the treating team, Grampians Health at Home team and family to discuss goals of transferring care at home and boundaries, i.e. the amount of fluid to tolerate.

More frequent monitoring occurs as earlier transfers occur.

Results:

Careful planning led to desired outcomes. Patients would eat and drink more once they were in their safe environment. The food offered to them is what is normal for them. Parents reported that once the child was in their own home, patients would have increased activity levels, allowing for more accurate examinations and calmer behaviours.

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All photos taken by author with informed consent

Background:

Children in hospitals are often anxious; this cannot be more true for our neurodivergent population. Neurodivergent children usually mask*, making assessment, treatment and management difficult. Length of stay increases, and the children are often left with more challenging behaviour. Pain is difficult to assess, and the children are less likely to eat hospital food as it is different. The environment is noisy, looks different, and less inviting than usual.

*Masking: Coping mechanism to blend in and appear 'normal', especially in environments the child is uncomfortable in.

Which is more inviting and normal?



Conclusion:

Although a formal study was not performed, anecdotally, patients and families reported better management for their neurodivergent child. Their child could return to their 'safe' environment to be themselves and not mask.

Collaborating with families allows the treating team to achieve the desired care outcome while safety netting families to ensure the child remains safe.

This allows for decreased stress to the child and family, as well as decreased LOS and a decrease in medical intervention