

**Supporting Patients with  
Intellectual and Developmental Disabilities (I/DD) & Sensory Needs**  
*Case Review & Discussion*

**Case focus:** individual with IDD who presents with complex communication and sensory needs seeking treatment for unresolved physiological symptoms in emergency setting.

**Learning Objectives:**

1. Recognize the challenges adults with IDD and sensory needs experience in accessing healthcare in emergency settings
2. Identify ways that providers can better support and treat adult patients with IDD and sensory needs.

**Case Presentation:**

A man arrives at the Emergency Department. He is accompanied by a woman who is holding his coat and a folder with some sheets of paper. Since arriving in the emergency department several hours ago, he has been chewing on the collar of his shirt and pacing the hallway. When the woman talks to him or asks him to return to his seat, he begins to yell and walk away from the area. At one point, a security guard at the doorway escorts him back to his seat when he gets as far as the ED entrance. The waiting room is busy and crowded.

***1. What modifications to the environment can be made to address sensory needs and potential anxiety?***

The patient is called back to a treatment room from the waiting room and we learn initial information: Jorge is a 43-year-old man with Autism Spectrum Disorder (ASD). He lives in a group home that he shares with two roommates and the woman with him is Karla, a direct support professional (DSP) who works there. Karla tells you Jorge seems to have pain in his stomach. Jorge communicates using a small vocabulary of specific words and short phrases, but primarily uses an iPad to express what he wants to say.

***2. What other information do you need? How do you plan to get that information?***

You ask Jorge how he is feeling and he says “bad” and “hurts.” You ask what is hurting him and he gestures towards the left side of his body. Although he is able to answer some questions about his condition, he does not have an iPad or other communication device with him. You ask Jorge how long he has been in pain and he replies, “leave.” He is rocking back and forth and covering his eyes. When you ask if he takes any medications, Jorge begins to punch himself on the on the left side of his body. He then grabs a pillow which he uses to cover his face.

**3. *What may be causing Jorge to become more agitated? What are some immediate things you can do for Jorge?***

Karla identifies that she only began working with Jorge a few weeks ago and she does not know him very well. Jorge works part time in a warehouse for a paper company loading delivery trucks. He has a sister who lives two hours away who visits about once a month.

Karla reads to you from a paper she is carrying that Jorge has been “refusing to eat, screaming a lot and occasionally hitting or punching himself in his torso area. He missed work today and yesterday.”

He has experienced recent weight loss: 12 pounds in the past month.

She has a list of his medications: Nexium 40mg, Zoloft 100mg. He experiences anxiety.

You need to examine Jorge to gather further information. You explain to Jorge what you will be doing. As you go to touch him, he starts yelling “want to go home” and punches his side harder. He gets up and moves towards the exit of the room, knocking over a chair.

**4. *How can you de-escalate Jorge’s behavior and help make him more comfortable in order to proceed with a physical examination?***

By implementing strategies for a positive encounter, Jorge’s anxiety has decreased and you are able to proceed. After your exam, you are able to make recommendations for assessment and treatment.

**5. *How can you continue to support Jorge’s needs during discharge and follow up?***

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