Preparing Hospitals for Individuals on the Autism Spectrum: *Medical Alert Passport*

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- Adapted from the National Autistic Society’s *My Hospital Passport*
Why was the MAP created?

- Developed as part of the EAC’s Medical Alert Information website for emergency room visits
  - Created in March/April 2020
  - Global COVID-19 pandemic resulted in high hospitalization rates
  - Individuals on the autism spectrum hospitalized with severe COVID infection
- Hospitals did not allow visitors or caregivers in room with COVID patients
  - Hospital staff often ill-prepared to handle individuals with autism
    - Especially non- or minimally verbal individuals
    - How to help calm down once admitted
- Summarized individual’s unique needs/supports “at a glance”
How was MAP created?

- Reviewed research and internet for existing information
- Create a 1-page handout
  - Accompanying guide notes for information to include
- Provided information that would be helpful for hospital staff
- To be included in *Personal Medical Binder* to be brought to ER visits
My Medical Alert Passport

Guidance Notes for My Medical Alert Passport (MAP) (for individuals with ASD)

While you can predict when an emergency may happen, you can be prepared. Maintaining a personal medical binder is key to ensuring you receive optimal healthcare support. Your binder should include basic information (name, date of birth, blood type, and immunization records, emergency contacts, healthcare providers, diagnosis, allergies, medications, insurance information, preferred documents and legal documents) e.g., Living wills, advance directives, medical power of attorney, and wills.

By maintaining this binder, you can have accurate and up-to-date information. It is also a way to ensure you have access to this information in case of an emergency.

Your Medical Alert Passport (MAP) is intended to help hospital staff provide you with the best, personal emergency room, inpatient, and outpatient care, when needed.

A medical alert should be fully completed and accurate when you arrive in the emergency room or hospital. It is important to provide accurate information as it might be more difficult to complete while under stress.

Once your MAP is complete, print out 2-3 copies and place within your medical binder (in a safe and accessible place).

If you and your family have a printer at home, you may print a copy at the emergency room or hospital and bring it with you for review.

Remember: Don’t forget to update your Medical Alert Passport (MAP)!

Ensure any changes in medication or medical condition are updated.

Please use the following guidelines to help you identify the most important people in your life. Complete your MAP with the most beneficial information for healthcare providers to use when they are assessing and treating you.

The questions listed are designed to prompt you to think about what might be important for you. It is best to note specific details about your needs and not be too generalizing (e.g., saying “yes” or “no”).

My Medical Alert Passport

Please refer to the Guidance Notes before filling out the My Medical Alert Passport.
Parts 1 and 2: Personal Information and Medications

My Medical Alert Passport

**PLEASE RESPECT ME AS AN ADULT**
I will try my best to answer your questions and if I am unable to do so, my [Name] is here and can help.

**Personal Information**

<table>
<thead>
<tr>
<th>Name:</th>
<th>I like to be called:</th>
<th>Caregiver Name:</th>
<th>Ph. #</th>
<th>Guardianship:</th>
<th>Self</th>
<th>Other:</th>
</tr>
</thead>
</table>

**Known Allergies**

<table>
<thead>
<tr>
<th>Dietary Restrictions:</th>
</tr>
</thead>
</table>

**History of Seizures:**  
Y  N  If yes, describe:

**Medication(s)**

**Current medication(s):**

**Medication(s) I don't respond well to:**

Please don’t make any changes to my medication without first talking to my prescribing physician:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Role:</th>
<th>Phone number:</th>
</tr>
</thead>
</table>
### Parts 3 and 4: Communication and Pain

<table>
<thead>
<tr>
<th>Communication</th>
<th>How I would like you to communicate with me:</th>
</tr>
</thead>
<tbody>
<tr>
<td>How I communicate:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notes before filling out the Medical History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain: Please do not assume there is nothing wrong with me if I don’t express pain in the same way other people do.</td>
</tr>
<tr>
<td>How I experience pain:</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>How I experience pain:</td>
</tr>
<tr>
<td>Sensory/Environment</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Things that bother me or cause me distress/anxiety:</td>
</tr>
<tr>
<td>Things that help me to stay calm and cope:</td>
</tr>
<tr>
<td>Things that make me happy:</td>
</tr>
<tr>
<td>Other important things you should know about me:</td>
</tr>
</tbody>
</table>
## Part 6: Safety Issues/Additional information

<table>
<thead>
<tr>
<th>Safety (please check all that apply and indicate any preferred or helpful accommodations/support)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PICA (eating non-food items):</td>
</tr>
<tr>
<td>Elopement risk (please describe):</td>
</tr>
<tr>
<td>Aggressive or self-injurious behaviors (please describe):</td>
</tr>
</tbody>
</table>

My Medical Alert Passport [contact.eac@emory.edu](mailto:contact.eac@emory.edu)
Adapted from the National Autistic Society My Hospital Passport
MAP Guidance Notes

- Reminder to update as needed
  - Keep 2-3 copies in Personal Medical Binder
    - MAP
    - Immunization Records
    - Emergency Contacts
    - Healthcare providers and contact information
    - Insurance information
  - Vital Documents
    - Living wills
    - Advanced directives
    - Medical power of attorney
    - DNR orders

- Provides guides for information should be written under each section
My Medical Alter Passport Links

- **MAP**
  - [https://psychiatry.emory.edu/programs/autism/documents/my_medical_alert_passport_form.pdf](https://psychiatry.emory.edu/programs/autism/documents/my_medical_alert_passport_form.pdf)

- **Guide Notes for MAP**
  - [https://psychiatry.emory.edu/programs/autism/documents/my_medical_alert_passport_map_guidance%20Notes%201.pdf](https://psychiatry.emory.edu/programs/autism/documents/my_medical_alert_passport_map_guidance%20Notes%201.pdf)

- **EAC Medical Alert Information website**
  - [https://psychiatry.emory.edu/programs/autism/medical_alert.html](https://psychiatry.emory.edu/programs/autism/medical_alert.html)