

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

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 - Susan Brasher, PhD, CPNP-PC (Rollins School of Nursing)
- 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

PLEASE RESPECT ME AS AN ADULT

I will try my best to answer your questions and if I am unable to do so, my [] is here and can help.

Personal Information

Name:	I like to be called:	
Caregiver Name:	Ph. #	Guardianship: <input type="checkbox"/> Self <input type="checkbox"/> Other:
Known Allergies:	Dietary Restrictions:	
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:		
Name:	Role:	Phone number:

Communication

How I communicate:	How I would like you to commun
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Pain: Please do not assume there is nothing wrong with me if I don't express pain in the same way ot

How I experience pain:	How I communicate pain:
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Sensory/Environment

Things that bother me or cause me distress/anxiety:	Things that help me to stay calm
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Things that make me happy:	Other important things you shou
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Safety (please check all that apply and indicate any preferred or helpful accommodations/support)

<input type="checkbox"/>	PICA (eating non-food items):
<input type="checkbox"/>	Elopement risk (please describe):
<input type="checkbox"/>	Aggressive or self-injurious behaviors (please describe):

Guidance Notes for My Medical Alert Passport (MAP)

For Individuals with ASD

Guidance Notes for MAP Completion

While you can't 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, diagnoses, allergies, medications, insurance information, preferred documents and vital documents (e.g., Living wills, advance directives, medical power of attorney, and DNR orders).

While maintenance of this binder, with up to date and accurate information is important, it is also best to find a way to ensure your most pertinent information can be easily reviewed.

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.

It is most important to fully complete your **MAP** now, versus waiting until you may require an emergency room visit or hospital stay, when it might be more difficult to complete while under such stress.

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

If and when you do find yourself at the hospital, show your **MAP** to the doctors, nurses and any other healthcare professionals affiliated with your case. If you're admitted to the hospital, ask the nurse to keep your **MAP** with your notes at the end of your bed and to make sure it is reviewed with each new staff member who comes on shift.

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

Ensure any / all changes in medication or medical conditions are updated.

Please use the following guidance notes to help you (and/or any other important people in your life) complete your **MAP** with **the most beneficial information** for healthcare professionals 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 detail about your needs and how these can be met (versus answering "yes" or "no").

My Medical Alert Passport and Accompanying Guidance Notes

Parts 1 and 2: Personal Information and Medications



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Caregiver Name:

Ph. #

Guardianship: ☐ Self ☐ Other: _____

Known Allergies:

Dietary Restrictions:

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:

Name:

Role:

Phone number:

Medical Alert Passport.

Parts 3 and 4: Communication and Pain

Notes before filling out the Medical History

Communication	
How I communicate:	How I would like you to communicate with me:
Pain: Please do not assume there is nothing wrong with me if I don't express pain in the same way other people do.	
How I experience pain:	How I communicate pain:

Part 5: Sensory/Environment

Please refer to the Guidance

Sensory/Environment	
Things that bother me or cause me distress/anxiety:	Things that help me to stay calm and cope:
Things that make me happy:	Other important things you should know about me:

Part 6: Safety Issues/Additional information

Safety (please check all that apply and indicate any preferred or helpful accommodations/support)	
<input type="checkbox"/>	PICA (eating non-food items):
<input type="checkbox"/>	Elopement risk (please describe):
<input type="checkbox"/>	Aggressive or self-injurious behaviors (please describe):

My Medical Alert Passport contact.eac@emory.edu
Adapted from the National Autistic Society My Hospital Passport

Additional Information on back ☐

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 Alert Passport Links

- MAP
 - 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
- EAC Medical Alert Information website
 - https://psychiatry.emory.edu/programs/autism/medical_alert.html