

## PHYSICIAN PRACTICE READINESS FORM

# Caring for adult patients with intellectual or developmental disability

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### SCHEDULING CONSIDERATIONS?

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- Consider scheduling longer visits (up to 15 additional minutes).
- Consider scheduling during low volume times; early morning or last appointment of the day.
- Consider scheduling a telehealth visit when appropriate.
- Attempt to schedule appointment with the same staff & MD; familiarity and relationships are important.
- Encourage pre-medication prior to appointment if applicable/appropriate.
- Encourage the patient to bring a comfort object.
- If scheduling with a family member or support person consider when the best time is to notify the patient of the appointment, allowing time for processing.
- If injections or phlebotomy is likely, encourage the patient to view an online video prior to the visit.
  - Consider making your own video with your staff, alternatively have some videos to recommend.
- When possible arrange to have documents i.e. consent forms etc. completed prior to the appointment
- Consider identifying preferred methods of communication and if an augmentative communication device is used.

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### OFFICE/EXAM ROOM CONSIDERATIONS?

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- Prepare social stories specific to your CHC. Use pictures of your registration, exam rooms & staff.
  - Prepare social stories for common procedures and appointment types
    - Well visit
    - Sick visit
    - Phlebotomy
    - Immunizations / Injections
- Select an exam room away from others in a quiet area to designate as a low stimulation exam room.
  - Prepare the exam room by eliminating removable hazards (replace clocks with glass faces to those with plastic faces, shatterproof mirrors etc.)
  - Prepare the exam room with sphygmomanometer prior to arrival (minimize noise/overstimulation).
  - Prepare the exam room with a scale – if not possible, weigh the patient on the way out of the office.
- Dim the lights when possible/consider using only natural light if that is sufficient.
- Have self-calming activities available i.e. Bubbles / other distractions.
- Decrease transitions as much as possible.
  - Bypass the waiting room, if room not available, consider have patient wait in the car.
- Consider accessible exam tables / availability of patient lifts for transfer to tables.

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## CARE PROVISION CONSIDERATIONS

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- Consider obtaining a problem list and other available/pertinent information prior to the appointment.
- Always speak to the patient first and not individual accompanying them, unless necessary.
- Explain what is going to be done prior to doing it, allowing time for internal processing.
  - Consider incorporating social stories in helping to explain procedures while providing care.
  - Seek permission and notify the patient prior to touching them.
  - Provide an estimation as to how long something will take. Be specific, avoid using “a few minutes.”
- Show equipment and if appropriate allow them to handle the equipment prior to using (i.e. autoscope)
- Assess the patient on the examination table, not in their wheelchair even if they are difficult to transfer.
- Identify where the patient’s safe space is and keep it safe. If their wheelchair is a safe space avoid violating it by administering injections or potentially painful procedures while they are in it.
- Use numbing cream when appropriate.
- Establish a signal for the patient to use if they need a break.
- Limit the time patients are required to be gowned or undressed; or encourage loose fitting clothing that will allow for your assessment.
- Consider offering a dry run or a walk through prior to completing difficult procedures or examinations
- Constipation is a common issue consider including this in a differential for abdominal pain visits.

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## STAFF PREPARATION CONSIDERATIONS

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- Expect to invest more time per visit.
- Remain comfortable during uncomfortable procedures.
- Stress may impact the patient’s ability to communicate.
- Behaviors can equal pain/fear.
- Avoid the use of figures of speech, use concrete terms.
- Be flexible and not rigid.
  - If the situation allows and the provider is safe, consider providing an evaluation in their vehicle.
- Utilize augmentative communication device.
- Be comfortable with and use Picture Exchange Communication Systems when applicable.
- Be aware of the specific documentation requirements for service eligibility forms.

### Acknowledgement

This document was prepared with the assistance of the Maine Primary Care Association PSO, the Maine Developmental and Disabilities Council and Nemours Children’s Health System. ECRI would like to extend its gratitude for their knowledge sharing and in kind endowment of expertise in the area of treating patients with intellectual or developmental disabilities.



### Policy Statement

The information provided in this document may be derived from several sources, such as relevant scientific and management literature, published best practices, standards and regulations, surveys and/or questionnaires to healthcare providers and healthcare organizations. This document is intended as an educational tool representing industry answers to address best practices around caring for an individual with intellectual and developmental disabilities in the ambulatory care setting. We make reasonable efforts to ensure that our reports are up to date and our sources are reliable but cannot guarantee the accuracy of information gathered from third parties. The contents of this document should not be regarded as a guarantee of the safety, performance, or cost-effectiveness of any equipment, device, system, or practice. Any recommendations contained in this document do not constitute legal advice. You should consult legal counsel for specific legal guidance and should develop clinical guidance in consultation with clinical staff.

