

# Autism Spectrum Disorder (ASD): A Nursing Imperative

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## ABSTRACT

There is a growing concern about the increased global prevalence of children with autism spectrum disorder (ASD). A report published in autism research revealed that about 100 in 10,000 children around the world are diagnosed with autism spectrum disorder (ASD). The significant rise in ASD raises massive concerns among healthcare professionals. In the nursing profession, caring for autistic children is a challenging role. Nurses must especially address their needs. Implementing the nursing process requires an in-depth understanding of the behaviors demonstrated by children with ASD. In other words, to become more effective among these vulnerable groups, special training is needed to respond to their needs holistically. Nurses should recognize that children with ASD require individual assessment and treatment. The nursing assessment must note developmental delays and behavioral issues including speech and language abilities. Through detailed assessment, nurses can address the nursing problem and plan care appropriately. Nurses must work closely with the family in the implementation of care. The activity of daily living, health priority needs, and safety among children with ASD are evaluation measures that must be given with utmost importance. Caring for children with ASD requires appropriate

nursing interventions. Nurses can become an agent of change, an educator, and an advocate. This present article highlighted nursing roles in the care of children with autism. It emphasized the nursing imperative in recognizing patients' health needs and identification of concerns with children's families. In particular, nurses must demonstrate responsibility in achieving desirable outcomes for children with ASD.

**Keywords:** Autism Spectrum Disorder (ASD), Nursing Imperative for ASD

## INTRODUCTION

Autism spectrum disorder (ASD) is one of the major worldwide issues nowadays. Findings of research in autism statistically show that there is as much as 100 for every 10,000 children around the world are living with autism spectrum disorder (ASD).<sup>[1]</sup> The most predominant autism spectrum disorder (ASD) is a developmental disability.<sup>[2]</sup> Findings on ASD revealed that the disorder is noticeably advancing in the year 2014 for children 4 years old compared to the year 2010. The cognitive impairment was remarkably high among children aged 4 years.<sup>[3]</sup> A review and meta-analysis on the worldwide prevalence of autism concluded that ASD carries a health problem in communities in every part of the world.

Early recognition of ASD can diminish the incidence of this medical condition and improve patients' communication skills [4]. In the same vein, a review of the global prevalence of autism and the incidence of gastrointestinal symptoms concluded that ASD and gastrointestinal symptoms are both remarkable. ASD is more common in men than in women. [5]

The frequency of autism worldwide found convincing indication for health discrepancies that affects deprived communities. There is a need to strengthen level of awareness and procedure to report these inequalities globally. [6] Moreover, an investigation on autism rate found that autism differs in terms of sociodemographic characteristics. Environmental and social factors are significant factors to causes of autism spectrum disorder. [7]

The World Health Organization [8] emphasized that psychosocial management can progress communication and social needs of autism. Children's improvement can help develop optimism and value life. Nurses demonstrate a significant role in the increasing prevalence of children with autism. The primary care nurse can help children with ASD at many stages of their healthcare journey by facilitating early diagnosis, and having an awareness of and attunement to behavior or reported parental concerns that may indicate ASD can help the primary care nurse to identify children who may require further diagnostic assessment [9] and nurses play a critical role in surveillance, coordination, and championing the efforts of the health care team and are in a central position to ensure that ASD-specific screening and developmental surveillance are done, to elicit parents' concerns, and to ensure access to services. [10]

### **ETIOLOGY OF ASD**

Autism Spectrum Disorder (ASD) is viewed as a genetic disorder of prenatal and postnatal brain development. Immune and environmental factors contribute to the incidence of ASD. Children diagnosed with

ASD may have abnormal electroencephalograms, epileptic seizures, delayed development of hand dominance, the persistence of primitive reflexes, metabolic abnormalities, and cerebellar vermal hypoplasia. The disorder is relatively high in families with one affected child. [11] ASD also termed a pervasive development disorder, has its onset in infancy or early childhood. Parental concerns about development may be sensitive indicators of the development of autism. [12]

### **CLINICAL MANIFESTATIONS AND DIAGNOSTIC EVALUATION**

Children with ASD demonstrate bizarre characteristics in social interactions, communication, and behavior. One classical symptom is the inability to maintain eye contact, avoidance of body contact, and language delay at a very early age. Children with ASD also display limited functional play and may interact with toys unusually or oddly. ASD children may have significant gastrointestinal symptoms. Constipation is a common symptom and can be associated with megarectum in children with ASD. Speech and language delays are also common in ASD children and sudden deterioration in extant expressive speech is also a red flag indicating further evaluation. The American Academy of Neurology report has a comprehensive set of suggested diagnostic criteria to be used to either rule out or establish the diagnosis of childhood ASD. [11] The American Academy of Pediatrics strongly recommends formal developmental screening for all children at good visits when the child is 9 months, 18 months, and 24 months to 30 months old, and autism-specific screening at 18 and 24 screening tests. Sensitive and specific screening tests include, but are not limited to, the Ages and Stages Questionnaire (ASQ), Communication and Symbolic Behavior Scales-Developmental Profile (CSBS-DP), Pervasive Developmental Disorders Screening Test-II (PDDST-II), and the Modified Checklist for Autism in Toddlers (M-CHAT) along with parental

concerns about the child's development, and clinical observation, can assist with early diagnosis. <sup>[13]</sup>

### **PATHOPHYSIOLOGY**

Scientists could not identify the exact cause of autism. Genetic makeup, atypical feature in brain functioning, altered chemistry, a virus, or toxic chemicals. Children with ASD exhibit impaired social communication as well as stereotypic behaviors. Interpersonal relationships and social isolation are poorly developed. A number of children with autism are intellectually disabled, requiring lifelong supervision, while there are some autistic children who are gifted. <sup>[12]</sup>

### **NURSING IMPERATIVE OF CHILDREN WITH AUTISM SPECTRUM DISORDER**

Nurses have a critical role in working with autistic children. Complete understanding of ASD requires courage, determination, and mutual respect between caregivers and families. Nurses provide care regardless of the patient's developmental status. Hence, it is a nursing imperative to deliver appropriate actions that are important towards achieving positive outcomes in the care of patients with ASD.

In the assessment process, the nurse must be aware of clinical manifestations, particularly in speech and language impairment and learning deficits. Direct observation necessitates spontaneous language interaction between the child and the nurse. Initiate the conversation by showing the child an object and asking the child to describe it. Gather parental information by taking history. <sup>[14]</sup> Furthermore, the nurse must explore the child's functional status related to behavior, nutrition, sleep, speech, language, educational needs, and developmental or neurologic limitations. Use the approved autism tool. Perform a thorough physical examination. Observe for lack of eye contact. Obtaining hearing and lead screening results provide additional information during assessment. <sup>[12]</sup> Evaluate

the child's ability to feed themselves, dress, and toilet as well as the child's interactive patterns and verbalization skills. It is also important to include the child's motor skills. A family history of autism or other mental disorders, family coping skills, and available social support systems should also be included in the assessment. <sup>[13]</sup> A brief overview of the role of nursing professionals in making the hospital stay effective and less stressful for the patient with ASD emphasized that outcomes improve dramatically when healthcare professionals obtain the education, expertise, and knowledge necessary to provide such care. <sup>[15]</sup>

In identifying the nursing problem and expected outcomes, it is appropriate for nurses to consider nursing diagnoses such as the risk for injury, impaired social interaction, and risk for delayed development. Expected outcomes would include ensuring patient safety, and improvement in communication skills, and the child will show interest in the surroundings and learn to acknowledge others in the environment. Orientation to person, place, time, and performing activities of daily living based on the child's level of orientation are appropriate expected outcomes for children with ASD. <sup>[13]</sup> Diagnosing autism at an early age and initiating an appropriate education for the child is important in increasing compliance skills. Nurses can assess a child's skills and developmental level according to the child's age, and nurses can diagnose the child by risk assessment and expose the vulnerability to a possible problem. <sup>[16]</sup>

In the nursing intervention, nurses need to work closely with the families to obtain information regarding their children's daily routines, habits, preferences, and ways for communication. Monitoring child's anxiety or emotional comfort is necessary when providing care. Nurses can provide support to the families by providing appropriate education, exploring their concerns and help families understand during the process. <sup>[13]</sup>

A holistic approach prioritizes treatment of

the whole person and includes the family. Encourage parents, guardians, conservators, and surrogates to solicit the patient's priorities and values. [17]

Evaluating children with ASD is a continuous nursing function. It includes the safety of the child, assisting their communication needs, assessing the child's interest in surroundings, acknowledgment of others in the environment, and how the child developed ways to perform activities of daily living. [13]

## CONCLUSION

In the care of children with autism spectrum disorder (ASD), nurses must recognize their individual needs. Nurses' levels of knowledge, attitudes, and skills in dealing with children with ASD are crucial elements throughout the nursing process. Through adequate information about ASD, nurses can function effectively and work closely with families to achieve positive outcomes and help promote quality of life. Most importantly, establishing trust among children with ASD facilitates cooperation during nursing interventions.

This present article highlights autism spectrum disorder and the nurses' imperative in caring for these children. The authors recommend more efforts to increase awareness of all members of the healthcare team and public action to promote education about children with autism spectrum disorders.

### *Declaration by Authors*

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