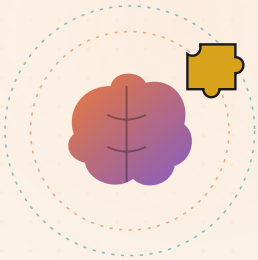
NCLEX 2026 · MENTAL HEALTH · NEURODEVELOPMENTAL

Autism Spectrum *Disorder*



Nursing care & teaching for the child, adolescent, and adult with ASD — built around the DSM-5-TR criteria and aligned with the 2026 NCLEX Test Plan (Psychosocial Integrity & Health Promotion).

DSM **5-TR** | ICD-10 **F84.0** | Prevalence **1 in 36** | M:F ratio **≈ 4:1** | Onset **< age 3**

3	2/2	30%	2
SEVERITY LEVELS	CORE SYMPTOM DOMAINS	COMORBID SEIZURES	FDA-APPROVED MEDS

◆ DEFINITION / OVERVIEW

01

What is ASD & why it matters

A lifelong neurodevelopmental disorder — *not* a behavioral or emotional one — affecting how a person communicates, relates, and processes the world.

- A **neurodevelopmental disorder** defined by two core domains: **(1) deficits in social communication & interaction** + **(2) restricted, repetitive patterns of behavior, interests, or activities**.
- Symptoms **present in early developmental period** (typically before age 3); may not be fully recognized until social demands exceed capacity.
- A **spectrum**: severity is graded by the level of support needed — not by "how autistic" someone is.
- **Lifelong**: cannot be cured, but **early intervention dramatically improves outcomes**. ABA, speech, OT, and social-skills training are first-line.
- Frequently co-occurs with intellectual disability, ADHD, anxiety, epilepsy, and GI/sleep issues.

DSM-5-TR SEVERITY LEVELS

1. **Requiring support.** Noticeable deficits without supports; trouble initiating social interactions.
2. **Substantial support.** Marked deficits; limited social initiation, narrow interests.
3. **Very substantial support.** Severe deficits; minimal verbal communication, extreme inflexibility.

▲ PATHOPHYSIOLOGY — SIMPLIFIED

02

How ASD develops in the brain

A multifactorial process — primarily **genetic**, with the brain wired and pruned differently from typical development.

1. **Genetic predisposition** (highly heritable, > 80%) — hundreds of risk genes; syndromic forms (Fragile X, Rett, tuberous sclerosis).

↓

2. **Altered neural connectivity & synaptic pruning** — too many short-range connections, too few long-range.

↓

3. **Atypical development** of amygdala, prefrontal cortex, cerebellum, mirror-neuron system.

↓

4. **Disrupted social cognition, sensory processing, and language** → core ASD phenotype.

Myth-bust: Vaccines do not cause autism. The original 1998 study was retracted and the author lost his license. Multiple large-population studies have confirmed no link. Never validate this misconception to a parent.

▲ RISK FACTORS

02

Who is at risk?

NON-MODIFIABLE

- Family hx of ASD
- Male sex (4:1)
- Genetic syndromes
- Advanced parental age

PERINATAL / ENVIRONMENTAL

- Prematurity
- Low birth weight
- Birth complications
- Maternal infection
- Valproate in pregnancy
- Extreme maternal obesity

NOT CAUSES

- Vaccines (MMR)
- Cold parenting
- Diet / gluten
- Bad behavior or punishment

● SIGNS & SYMPTOMS

03

Two core domains + red-flag developmental milestones

DOMAIN 1 — SOCIAL COMMUNICATION DEFICITS

- Poor or absent **eye contact**
- Failure to respond to name by 12 mo
- Lack of **joint attention** (no pointing, showing, sharing interest)
- **Echolalia** — repeating words/phrases (immediate or delayed)
- Difficulty with reciprocal conversation
- **Literal, concrete thinking**; trouble with idioms, sarcasm, jokes
- Flat or unusual prosody (robotic tone)
- Difficulty reading facial expressions & emotions
- Limited pretend / imaginative play

DOMAIN 2 — RESTRICTED / REPETITIVE BEHAVIORS

- **Stereotypies**: hand-flapping, rocking, spinning, toe-walking
- Insistence on **sameness** & rigid routines
- Extreme distress with transitions or changes (meltdowns)
- Highly restricted, intense interests (trains, dinosaurs, numbers)
- Lining up / arranging objects repetitively
- **Sensory differences**: hyper- or hypo-reactivity to lights, sound, textures, taste, pain
- Fascination with parts of objects (spinning wheels)
- Self-injurious behavior in some (head-banging, biting)

EARLY RED FLAGS — REFER NOW

- No babbling, pointing, or gesture by **12 months**
- No single words by **16 months**
- No 2-word meaningful phrases by **24 months**
- **Any LOSS** of language or social skills at **any age**
- No response to name by 12 mo / no big smile by 6 mo

12
16
24

THE 12-16-24 RULE

Babbling by 12 mo, words by 16 mo, phrases by 24 mo. *Miss any → screen with M-CHAT-R & refer.*

ROUTINE SCREENING

M-CHAT-R/F at the
18 & 24-MONTH
well-child visits is standard of care.

+ PRIORITY NURSING INTERVENTIONS

04

ABCs · Safety · Communication · Environment

On NCLEX: **physiologic safety always comes first**, then behavioral & communication strategies. Disrupting routine is a top trigger for meltdowns and SIB.

! SAFETY — Always First

- **Assess elopement risk** — wandering is a leading cause of ASD-related death
- Apply medical-alert ID; alert security; lock unit doors
- **Prevent self-injurious behavior (SIB)** — pad surfaces, protective helmet PRN
- Seizure precautions (≈ 30% have epilepsy)
- Suicide screening in older adolescents (high comorbid depression)

C COMMUNICATION

- Use **short, concrete, literal** sentences — no idioms or sarcasm
- Allow **10–15 seconds of processing time** before repeating
- Speak in calm, even tone — avoid loud or rapid speech
- Use **visual supports**: picture schedules, PECS cards, social stories
- Honor **AAC devices** (tablets, sign language) the child already uses
- Don't demand eye contact — it is not therapeutically necessary

E ENVIRONMENT

- **Maintain routine** — same nurse, same room, same schedule when possible
- **Prepare in advance** for procedures & transitions (countdown, social story)
- Dim lights, reduce noise, limit visitors → **sensory load down**
- Allow comfort items: weighted blanket, headphones, fidgets, favorite toy
- **Cluster care** to minimize interruptions
- Provide quiet "calm-down" space for de-escalation

A ASSESSMENT & BEHAVIOR

- **Ask parent / caregiver about baseline** — communication style, triggers, soothers
- Assess pain via behavior (FLACC, r-FLACC) — many cannot verbalize
- Identify triggers; use ABA-style **positive reinforcement** for desired behavior
- Offer **limited choices** ("red or blue cup?") → sense of control
- Avoid sudden touch — narrate & warn before any contact
- De-escalate **without restraint** first; restraints last resort

℞ PHARMACOLOGY

05

No drug cures ASD — meds treat associated symptoms

The two **FDA-approved** medications for ASD-related irritability & aggression are atypical antipsychotics. Other classes target comorbid anxiety, ADHD, sleep, or seizures.

	USE	MONITOR / SE
Risperidone FDA ATYPICAL ANTIPSYCHOTIC	Irritability, aggression, severe tantrums, SIB in ASD (ages 5–16). 1st-line FDA-approved.	Weight gain ↑↑, metabolic syndrome, sedation, EPS, hyperprolactinemia (gynecomastia). Baseline + serial weight, BMI, lipids, glucose, AIMS.
Aripiprazole FDA ATYPICAL ANTIPSYCHOTIC	Irritability/aggression in ASD (ages 6–17). Less weight gain than risperidone.	Akathisia (restlessness — common!), sedation, weight gain (milder), nausea. Watch for movement disorders.
Fluoxetine / Sertraline SSRI	Comorbid anxiety, OCD-like repetitive behaviors, depression. Off-label for ASD.	Behavioral activation, agitation, ↑ aggression in some. **BLACK-BOX: SUICIDALITY IN < 25 YO.** Onset 4–6 weeks.
Methylphenidate CNS STIMULANT	Comorbid ADHD inattention/hyperactivity. ≈ 50% of ASD children have ADHD.	Appetite ↓, insomnia, tics, may **WORSEN IRRITABILITY** in ASD — start low, go slow.
Melatonin HORMONE / SLEEP AID	Sleep-onset insomnia (very common in ASD). 1st-line non-Rx option.	Generally well-tolerated. Morning grogginess, vivid dreams. Combine with sleep hygiene & bedtime routine.
Guanfacine / Clonidine ALPHA-2 AGONIST	Hyperactivity, impulsivity, aggression, sleep — when stimulants poorly tolerated.	Hypotension, bradycardia, sedation. Do **NOT** stop abruptly → rebound HTN.

⚠ NCLEX TEST TRAPS

06

Where students lose points — wrong vs right

⚠ TRAP 1

~~"Make the child maintain eye contact during the assessment."~~

RIGHT → Do **NOT** force eye contact. Use the child's existing communication style.

⚠ TRAP 2

~~"Stop the child from hand-flapping and rocking — it's inappropriate."~~

RIGHT → Stimming is **self-regulation**. Only redirect if it is **harming** the child.

⚠ TRAP 3

~~"Reassure parents the vaccine schedule may have contributed."~~

RIGHT → Vaccines do not cause autism. Provide evidence-based education; don't validate misinformation.

⚠ TRAP 4

~~"Tell the child their schedule has changed — get them used to surprises."~~

RIGHT → Prepare in advance. Use a visual schedule & social story; surprises trigger meltdowns/SIB.

⚠ TRAP 5

~~"The child won't answer — they're being defiant."~~

RIGHT → Allow **10–15 seconds** of processing. Use concrete language & visual cues.

⚠ TRAP 6

~~"Use Haldol or lorazepam first-line for aggression in an ASD child."~~

RIGHT → FDA-approved choices are **risperidone & aripiprazole** (after non-pharm measures fail).

⚠ TRAP 7

~~"Echolalia means the child is mocking the nurse."~~

RIGHT → Echolalia is a **communication pattern**, often a step toward speech — never punish it.

⚠ TRAP 8

~~"Treat the agitated child first by talking through their feelings."~~

RIGHT → Reduce sensory load first (lights, noise, people) — then communicate.

⚠ TRAP 9

~~"ASD = intellectual disability — they're the same."~~

RIGHT → ASD & ID are **distinct diagnoses**; they overlap but are not synonyms.

⚠ TRAP 10 — PRIORITY

~~"Address the new ASD diagnosis with the parents first."~~

RIGHT → ABCs & **safety** (elopement, SIB, seizure) always before psychosocial education.

✦ PATIENT & FAMILY TEACHING

07

What the family needs to hear (and do) before discharge

1

Early intervention is everything

Refer to **Early Intervention (IDEA Part C)** if < 3 yrs, or special education / IEP if ≥ 3 yrs. Speech, OT, ABA, and social-skills therapy are first-line and improve long-term outcomes.

2

Routine & visual schedules at home

Build a consistent daily schedule. Use a picture board, timer, and "first-then" boards. **Warn before transitions** (5-minute countdown).

3

Communicate concretely

Use short, literal sentences. Avoid idioms ("hold your horses," "break a leg"). Give one instruction at a time and wait for processing.

4

Recognize sensory triggers

Keep a trigger journal. Create a low-stim "calm corner" with weighted blanket, noise-cancelling headphones, fidget toys, and dim light.

5

Safety-proof the home

Elopement is the #1 ASD safety risk. Use deadbolts high & low, door alarms, GPS tracker / medical ID bracelet, fenced yard, water safety (high drowning risk).

6

Behavior is communication

A meltdown is not a tantrum — it's overload. Don't punish; reduce stimuli, validate, and use the calm corner. Reinforce desired behavior with positive feedback.

7

Vaccines & nutrition — facts

Continue the routine vaccine schedule. No special diet is required unless co-existing GI/allergy issue. Avoid unregulated "cures" (chelation, MMS, hyperbaric).

8

Care for the caregiver

Connect with the **Autism Society**, respite-care services, parent support groups, sibling groups. Caregiver burnout & depression are common — screen and refer.

9

Plan for transitions

Update the **IEP** yearly; plan transition-to-adult services starting at age 14–16. Vocational training, guardianship/conservatorship decisions, supported employment.

10

Sibling & family support

Explain ASD to siblings in age-appropriate terms. Schedule 1-on-1 time for neurotypical siblings. Acknowledge the family system, not just the child.

★ MEMORY BOOSTERS & MNEMONICS

08

High-yield recall tools for exam day

🧠 SPECTRUM — core features of ASD

S **Social** communication deficits — poor eye contact, no joint attention

P **Patterns** repetitive — stereotypies, lining up objects

E **Echolalia** & concrete/literal language

C **Consistency** needed — rigid routines, distress with change

T **Triggers** — sensory hyper/hypo-reactivity

R **Restricted** interests — narrow, intense fixations

U **Unique** cognitive profile (splinter skills, savant abilities)

M **Maintains** baseline best with structure & predictability

🩺 ABC of ASD nursing

`A` Assess baseline (ask the parent) · `B` Be concrete (literal language) · `C` Consistent routine (prepare for changes)

👶 The 12-16-24 Rule

No **babble by 12** mo · no **words by 16** · no **phrases by 24** · or **ANY loss** of skills → refer to early intervention *now*.

💊 R & A for Rage & Aggression

`Risperidone` & `Aripiprazole` = the only **FDA-approved** drugs for irritability/aggression in ASD.

🔅 Sensory de-escalation — DIM · DOWN · DELAY

`DIM` the lights · `DOWN` the volume · `DELAY` demands & give 10–15 sec processing time.

🚪 SAFE — elopement priorities

`S` ecure doors/windows · `A` lert via medical ID · `F` ence yard, water-proof · `E` nlist GPS tracker.

🧩 Don't confuse ASD with...

`Rett` — girls, regression, hand-wringing · `Fragile X` — most common inherited ID, large ears/long face · `CDD` — normal then severe regression after age 2.