

Care strategy for children with ASD: identification bracelet in pediatric emergency

Estratégia assistencial para crianças com TEA: pulseira de identificação em urgência pediátrica

Estrategia de cuidado para niños con TEA: pulsera de identificación en la emergencia pediátrica

Endric Passos Matos¹, Karine Hanako Kashiwakura Brum², Ivya Mayana Oliveira de Jesus³, Andressa Kauche Santin⁴, Livia de Souza Madeira⁵, Mileni de Camargo Francisco⁶, Thais Ramos da Silva⁷, Rafaely de Cassia Nogueira Sanches⁸

How to cite: Matos EP, Brum KHK, Jesus IMO, Santini AK, Madeira LS, Francisco MC, et al. Care strategy for children with ASD: identification bracelet in pediatric emergency. *REVISA*. 2026; 15(1): 77-83. Doi: <https://doi.org/10.36239/revisa.v15.n1.p77a83>

REVISA

1. Prefeitura Municipal de Maringá. Maringá, Paraná, Brasil. <https://orcid.org/0000-0003-3807-4702>
2. Prefeitura Municipal de Maringá. Maringá, Paraná, Brasil. <https://orcid.org/0009-0003-6893-9516>
3. Prefeitura Municipal de Maringá. Maringá, Paraná, Brasil. <https://orcid.org/0000-0002-7548-0120>
4. Prefeitura Municipal de Maringá. Maringá, Paraná, Brasil. <https://orcid.org/0009-0005-6038-782X>
5. Prefeitura Municipal de Maringá. Maringá, Paraná, Brasil. <https://orcid.org/0000-0002-2956-9917>
6. Prefeitura Municipal de Maringá. Maringá, Paraná, Brasil. <https://orcid.org/0000-0003-1281-1217>
7. Prefeitura Municipal de Maringá. Maringá, Paraná, Brasil. <https://orcid.org/0000-0002-2344-7396>
8. Universidade Estadual de Maringá. Maringá, Paraná, Brasil. <https://orcid.org/0000-0002-1686-7595>

Received: 17/10/2025
Accepted: 17/12/2025

RESUMO

Objetivo: Relatar a experiência de concepção, implementação e resultados da pulseira de identificação para crianças com Transtorno do Espectro Autista (TEA) em um Pronto Atendimento Infantil, visando qualificar o cuidado, promover a equidade e humanização no SUS. Método: Estudo descritivo, do tipo relato de experiência, desenvolvido no Pronto Atendimento da Criança de Maringá-PR entre 2023 e 2025, estruturado segundo o Standards for Reporting Qualitative Research (SRQR). As etapas compreenderam diagnóstico situacional, planejamento, implementação da pulseira e capacitação da equipe, além de monitoramento contínuo com feedback dos familiares. Resultados: A pulseira confeccionada com símbolo do autismo possibilitou identificação imediata, acionando fluxo assistencial diferenciado. Todos os profissionais de enfermagem foram capacitados, resultando em maior segurança e abordagem humanizada. Relatos de familiares indicaram redução de crises de ansiedade e ambiente mais acolhedor. O projeto obteve reconhecimento institucional, premiado em mostras regionais e nacionais, sendo posteriormente incorporado ao Plano Municipal de Saúde, garantindo sustentabilidade e expansão para toda a rede. Conclusão: A pulseira de identificação mostrou-se estratégia simples, de baixo custo e alto impacto, fortalecendo a humanização do cuidado, a inclusão e a equidade. Sua institucionalização como política pública reforça o potencial da enfermagem como agente transformador no SUS.

Descritores: Transtorno do Espectro Autista; Humanização da Assistência; Triagem; Enfermagem.

ABSTRACT

Objective: To report the experience of designing, implementing, and evaluating the identification bracelet for children with Autism Spectrum Disorder (ASD) in a Pediatric Emergency Care Unit, aiming to improve care quality, equity, and humanization within the Brazilian Unified Health System (SUS). Method: Descriptive study, in the form of an experience report, conducted at the Pediatric Emergency Care Unit in Maringá-PR between 2023 and 2025, structured according to the Standards for Reporting Qualitative Research (SRQR). The stages comprised situational diagnosis, planning, bracelet implementation, team training, and continuous monitoring with family feedback. Results: The bracelet, designed with the autism symbol, enabled immediate identification and activated a differentiated care flow. All nursing professionals were trained, resulting in greater safety and a more humanized approach. Family reports indicated a reduction in anxiety crises and a more welcoming environment. The project received institutional recognition, awarded in regional and national health showcases, and was later incorporated into the Municipal Health Plan, ensuring sustainability and expansion throughout the network. Conclusion: The identification bracelet proved to be a simple, low-cost, and high-impact strategy, strengthening humanized care, inclusion, and equity. Its institutionalization as public policy reinforces the potential of nursing as a transformative agent within the SUS.

Descriptors: Autism Spectrum Disorder; Humanization of Assistance; Triage; Nursing

RESUMEN

Objetivo: Relatar la experiencia de concepción, implementación y resultados de la pulsera de identificación para niños con Trastorno del Espectro Autista (TEA) en un Servicio de Urgencias Pediátricas, con el objetivo de cualificar la atención, promover la equidad y la humanización en el Sistema Único de Salud (SUS). Método: Estudio descriptivo, tipo relato de experiencia, desarrollado en el Servicio de Urgencias Pediátricas de Maringá-PR entre 2023 y 2025, estructurado según el Standards for Reporting Qualitative Research (SRQR). Las etapas comprendieron diagnóstico situacional, planificación, implementación de la pulsera, capacitación del equipo y monitoreo continuo con retroalimentación de las familias. Resultados: La pulsera, confeccionada con el símbolo del autismo, permitió la identificación inmediata y activó un flujo asistencial diferenciado. Todos los profesionales de enfermería fueron capacitados, lo que resultó en mayor seguridad y un abordaje más humanizado. Los relatos de familiares señalaron reducción de crisis de ansiedad y un ambiente más acogedor. El proyecto obtuvo reconocimiento institucional, premiado en muestras regionales y nacionales, y posteriormente fue incorporado al Plan Municipal de Salud, garantizando sostenibilidad y expansión a toda la red. Conclusión: La pulsera de identificación demostró ser una estrategia simple, de bajo costo y alto impacto, fortaleciendo la humanización del cuidado, la inclusión y la equidad. Su institucionalización como política pública refuerza el potencial de la enfermería como agente transformador en el SUS.

Rescriptores: Trastorno del Espectro Autista; Humanización de la Atención; Triaje; Enfermería.

Introduction

The Brazilian Unified Health System (SUS), grounded in the principles of universality, comprehensiveness, and equity, is committed to providing care that transcends the purely technical dimension, reaching the subjectivities and specific needs of each citizen. The principle of equity, in particular, calls upon the system to recognize diversity and to promote actions that compensate for disadvantages, ensuring that everyone can fully exercise their right to health.¹ In high-complexity and dynamic environments, such as emergency and urgent care services, the realization of this principle requires the creation of innovative strategies that are sensitive to the demands of vulnerable populations.

In this context, the care provided to children with Autism Spectrum Disorder (ASD) emerges as a field requiring special attention and tailored strategies. ASD is a complex neurodevelopmental condition characterized by persistent challenges in communication and social interaction, as well as by restricted and repetitive patterns of behavior, interests, or activities.² One of the most impactful aspects of ASD in the healthcare context is sensory processing dysfunction. Children on the spectrum may exhibit atypical reactivity to environmental stimuli such as sounds, lights, touch, and crowds, which can turn the emergency care environment—intrinsically chaotic and unpredictable—into a source of intense sensory overload, anxiety, and distress.³

Recent scientific literature has consistently highlighted the barriers faced by this population in healthcare services. Visits to emergency departments are frequently described by family members as negative experiences, marked by long waiting times in inadequate environments, difficulties in communication with staff, and a lack of understanding regarding the child's behavioral needs. This situation not only causes emotional trauma but can also compromise the quality of care by hindering clinical assessment, adherence to procedures, and, ultimately, negatively impacting health outcomes.^{4,5}

In view of this scenario, the National Humanization Policy (Política Nacional de Humanização - PNH) provides a framework for transforming healthcare practices, advocating for patient-centered care, participatory management, and the creation of environments that promote comfort and respect for users' dignity.⁶ Adapting emergency care to meet the needs of children with ASD is, therefore, both an ethical requirement and an imperative for quality service delivery. However, for any differentiated care protocol to be effective, the rapid and clear identification of the patient who requires it is a fundamental step. In many cases, this identification depends solely on the parents' initiative to communicate the condition, which may not occur immediately in moments of stress.

It is within this gap that the present experience is situated. Born from the dual perspective of a nurse—both as a healthcare professional and as the mother of a child with ASD—and embraced by the entire nursing team of a Pediatric Emergency Care Unit (Pronto Atendimento à Criança - PAC) in Maringá, Paraná, this initiative sought to develop a low-cost, high-impact tool to signal this need right from the point of entry into the service. In this sense, the present study aims to describe the experience of designing, implementing, and evaluating the outcomes of using an identification wristband for autistic children, analyzing its potential as a device for humanization and the promotion of equity within a pediatric emergency service of the SUS.

Method

This is a descriptive study, in the form of an experience report, aimed at presenting the planning, implementation, and evaluation stages of an initiative to improve care for children with ASD in the Pediatric Emergency Care Unit (PAC) of Maringá, Paraná, Brazil. The structure of this report follows the *Standards for Reporting Qualitative Research (SRQR)*, used as a reference for transparency and rigor in the description of the experience, ensuring methodological and communicative clarity.⁷ The choice of this study design is justified by its relevance in giving visibility to innovative practices and to knowledge produced through action, fostering reflection and transformation in other professional practice contexts.⁸

The experience took place between late 2023 and mid-2025 and was organized into the following stages:

Stage 1: Situational Diagnosis and Conception (October to December 2023) – The proposal emerged from the empirical observation and lived experience of a nurse in the unit who, as the mother of a child with ASD, perceived the gaps in welcoming this population. To validate this perception with objective data, a quantitative survey was conducted on the number of consultations involving children diagnosed with or suspected of having ASD in the PAC's registration system. The three-month analysis revealed a significant demand, with an average of 30 visits per month during the period, reinforcing the relevance of the initiative.

Stage 2: Development and Planning (January and February 2024) – The central strategy defined was the creation of a visual identification wristband. The design incorporated the colors of the puzzle piece, an internationally recognized symbol of autism awareness, facilitating immediate recognition by the entire team. Simultaneously, a training program for nursing staff was developed. The curriculum, based on scientific literature, covered the following topics: definitions and spectrum of ASD; sensory particularities; verbal and nonverbal communication strategies; techniques for anxiety reduction; and the importance of welcoming the family.

Stage 3: Implementation and Execution (from March 2024 onward) – Implementation was marked by a launch event attended by municipal management, which provided institutional visibility and support for the project. From that point on, the wristband began to be offered to parents or guardians during triage, with participation being voluntary. Once the child was identified, the nursing team activated an adapted care flow that included: prioritization of service, active search for a more suitable environment (such as a vacant consultation room or a quieter observation area), and direct communication with the medical team regarding the patient's specific needs.

Stage 4: Monitoring, Evaluation, and Dissemination (Ongoing) – Monitoring was carried out continuously through direct observation, team meetings for case discussions, and spontaneous feedback from family members. The positive results observed motivated the submission of the experience to scientific and management events as a means of disseminating the knowledge produced.

This report was developed based on documentary records (reports, educational materials, photographs) and the lived experiences of the professionals involved, in full compliance with ethical principles of confidentiality. The

experience did not involve the collection of identifiable personal data, thus ensuring the privacy and anonymity of participants. It was conducted in accordance with institutional guidelines, ensuring ethical transparency and institutional responsibility in both implementation and dissemination. Therefore, approval by a Research Ethics Committee (REC) was not required, as no interventions or sensitive data collection were involved.

Results

The implementation of the initiative generated a set of concrete and observable results, which can be categorized into three main areas: improvement of the work process, institutional recognition, and dissemination of the practice.

Regarding the first area, the tangible result was the creation and adoption of the identification wristband, as shown in Figure 1. Made of non-toxic material and featuring the vibrant colors of the autism symbol, the wristband became an immediate and effective visual indicator. Its use enabled the differentiated care flow to be activated from the family's very first contact with the unit.



Figure 1: Identification wristband used in the care of autistic children.

The training program encompassed 100% of the nursing professionals across the six teams of the PAC. The training sessions resulted in a noticeable change in the professionals' attitudes and approaches. The team demonstrated greater confidence and proactivity in applying management techniques such as reducing environmental stimuli, using clearer and more direct communication, and providing qualified support and attentive listening to families..

As a direct consequence, there was a significant improvement in the experience of both patients and their families. In spontaneous feedback, parents reported that their children exhibited fewer episodes of anxiety and agitation during their stay at the PAC. The perception of a more welcoming environment and a better-prepared team generated a sense of safety and trust, strengthening the bond between the community and the health service. For the staff, the smoother and more effective management of care for this population also led to a reduction in professional stress.

The second area of results reflects the positive impact of the initiative and its expansion beyond the walls of the health unit, generating broad recognition. The project was submitted and awarded at the 3rd SUS Experience Showcase in the Maringá region, achieving 2nd place in the 15th Regional Health Division. This

regional award not only validated the relevance of the work but also qualified it for a national stage.

The experience was selected for presentation at the 20th “Brazil, Here Is SUS” Showcase, held during the 38th National Congress of Municipal Health Secretariats (CONASEMS) in Belo Horizonte, in June 2025. Presenting at such a major event allowed Maringá’s initiative to be shared with managers and professionals from across the country, inspiring replication of the model. In addition, the experience was featured in a podcast, enabling broader dissemination and fostering discussions about the importance of humanization in the care of children with ASD. Figure 2 presents records of these activities.



Figure 2: Personal archive of the authors. (A) Participation in the 3rd SUS Experience Showcase, Maringá region. (B) Participation in the 20th “Brazil, Here Is SUS” Showcase. (C) Participation in a podcast.

The third and final area of results represents the most strategic and long-term outcome: the incorporation of the initiative into municipal health planning. After being presented and approved at the 15th Municipal Health Conference, the “implementation of identification and a specific care flow for patients with ASD” was officially included as a goal in the Municipal Health Plan. This achievement transformed an innovative project into a permanent public policy, ensuring its continuity, funding, and – most importantly – its expansion throughout the city’s healthcare network, including the Primary Health Care Units (UBS).

Discussion

The results obtained with the implementation of the identification wristband at the PAC in Maringá align with the most current discussions on humanization, equity, and care management within the SUS. The experience demonstrates, in practice, how low-cost, “light” technologies can produce significant transformations in the quality of healthcare delivery.

The initiative aligns perfectly with the concept of “acolhimento” (welcoming) proposed by the National Humanization Policy (Política Nacional de Humanização - PNH), which defines it not as a space or a step, but as an ethical stance that implies listening to users in their pain and concerns.⁶ By proactively identifying the needs of children with ASD and adapting the environment and approach accordingly, the PAC team put the principle of “acolhimento” into full practice. The wristband served as a mediating tool that translated a complex need into a simple, easily understandable signal, optimizing the provision of individualized care.

The importance of training healthcare teams to care for individuals with ASD is widely supported in the literature. Trained professionals feel more confident and are more effective in communication and in managing challenging behaviors, resulting in reduced use of physical or pharmacological restraints and greater satisfaction among patients and families.⁹ The Maringá experience reinforces this finding, showing that investing in the continuing education of professionals is a key pillar in improving care quality.

The project's path of recognition, culminating in its transformation into public policy, illustrates a virtuous cycle of participatory management and innovation within the SUS. A locally identified need generated a creative solution that, after proving its value, received recognition from peers and managers and was ultimately institutionalized. This trajectory demonstrates the SUS's ability to function as a dynamic system open to innovations born from everyday practice. The inclusion of this initiative in the Municipal Health Plan is particularly meaningful, as it ensures sustainability beyond any specific administration, consolidating it as a user's right.

Furthermore, the initiative can be understood as a practical application of the principle of equity. By offering a specific resource for a group with particular needs, the service does not create a privilege but rather promotes equal opportunities for access to quality care. Actions such as this are fundamental to reducing access barriers and ensuring that vulnerable groups are not marginalized within the health system.¹⁰

Finally, the simplicity and low cost of the intervention make it a highly replicable model. In a context of often-limited resources, demonstrating that it is possible to innovate and humanize care through creativity and engagement sends a powerful message to other health managers and teams across Brazil.

Conclusion

The implementation of the identification wristband for children with ASD at the Pediatric Emergency Care Unit (PAC) in Maringá proved to be a highly valuable strategy for improving the quality of healthcare delivery. The initiative, born from the sensitivity and lived experience of a nursing professional, flourished through the support of an engaged team and a management committed to humanization and inclusion.

The results achieved—such as improved approaches to child care, greater family satisfaction, and optimized teamwork—confirm that low-cost actions can have a profound impact on the quality of care. The project's path of recognition, culminating in its incorporation into the Municipal Health Plan, ensures its continuity and expansion, transforming a good practice into a consolidated public policy.

It is concluded that the identification wristband is more than a simple accessory; it is a symbol of recognition, respect, and care. It represents the gateway to a care flow designed to be safer, more welcoming, and more effective for those who need it most. This experience reinforces the power of nursing as an agent of transformation and serves as a practical, replicable example of how the SUS can, through innovative initiatives, effectively fulfill its principles of equity and comprehensiveness.

Acknowledgments

The authors would like to thank Felipe, the son of the nurse who conceived this project, whose experience as a child with Autism Spectrum Disorder was the main inspiration for the conception and implementation of this initiative.

References

1. Nascimento LC do, Viegas SM da F, Menezes C, Roquini GR, Santos TR. O SUS na vida dos brasileiros: assistência, acessibilidade e equidade no cotidiano de usuários da Atenção Primária à Saúde. *Physis*. 2020; 9(30):e300330. doi: 10.1590/S0103-73312020300330
2. American Psychiatric Association. Manual diagnóstico e estatístico de transtornos mentais: DSM-5-TR. 5ª ed. rev. Porto Alegre: Artmed; 2022.
3. Silva M, Mulick JA. Diagnosticando o transtorno autista: aspectos fundamentais e considerações práticas. *Psicol. Ciênc. Prof.* 2009; 29(1):116–31. doi: 10.1590/S1414-98932009000100010
4. Greenwood E, Cooklin A, Barbaro J, Miller C. Autistic patients' experiences of the hospital setting: A scoping review. *J Adv Nurs*. 2023; 24;80(3). doi: 10.1111/jan.15880
5. Harris HK, Weissman L, Friedlaender EY, Neumeyer AM, Friedman AJ, Spence SJ, et al. Optimizing Care for Autistic Patients in Healthcare Settings: A Scoping Review and Call To Action. *Acad Pediatr*. 2023; 24(3). doi: <http://dx.doi.org/10.1016/j.acap.2023.11.006>
6. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Política Nacional de Humanização: HumanizaSUS. Brasília: Ministério da Saúde; 2013.
7. O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for Reporting Qualitative Research. *Acad Med*. 2014; 89(9):1245–51. doi: 10.1097/ACM.0000000000000388
8. Casarin ST, Porto AR. Relato de Experiência e Estudo de Caso: algumas considerações. *J Nurs Health*. 2021; 11(4). doi: 10.15210/jonah.v11i4.21998
9. Diniz TM, Paula RC de, Villela EF de M, Diniz TM, Paula RC de, Villela EF de M. Interprofissionalidade e trabalho em equipe: Uma (re)construção necessária durante o processo de formação em saúde. *New Trends Qual Res*. 2022; 13. doi: 10.36367/ntqr.13.2022.e688
10. Turesso JF, Mélo TR. Equidade em saúde na atenção primária à saúde no Brasil: uma revisão integrativa. *Divers@*. 2023; 16(2):546-62. doi: 10.5380/diver.v16i2.92352

Corresponding Author

Endric Passos Matos

Av. XV de Novembro, 701 - Centro.

ZIP: 87013-230. Maringá, Paraná, Brazil.

endric-matos@hotmail.com