

**OPERATIONAL GUIDELINES FOR OCCUPATIONAL THERAPY  
ASSESSMENT AND TREATMENT OF ADULTS WITH TRAUMATIC HEAD  
INJURY ADMITTED/TRANSFERRED OR ATTENDING A&E AT  
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST.**

This guidance does not override the individual responsibility of health professionals to make appropriate decisions according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

**Introduction**

This Occupational Therapy guideline defines the process of intervention in the acute/post-acute phase of recovery following traumatic head injury. All occupational therapy staff are appropriately trained.

**This guideline is for use by the following staff groups :**

All Occupational Therapy staff working with head injury patients at Worcestershire Acute Hospitals NHS Trust.

**Lead Clinician(s)**

Beverley Phillips	Occupational Therapy Clinical Lead T & O
Emma Clayton	Clinical specialist Occupational Therapist-neuro
Guideline approved by OT Clinical Governance meeting on:	11 <sup>th</sup> September 2019
Guideline approved by therapy Clinical Governance meeting on:	26 <sup>th</sup> September 2019
Review Date: This is the most current document and is to be used until a revised version is available	26 <sup>th</sup> September 2022

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
16/03/2011	Guideline was approved by the Occupational Therapy Clinical Governance Committee	
06/10/2011	Guideline was approved by the Trauma & Orthopaedics Clinical Governance Committee	
02/10/2013	Guideline reviewed with no amendments made	Beverley Phillips
21/10/2015	Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
23/12/2015	Page 3 4.Occupational therapy intervention for Head injury patients. Referred from A&E and <del>A&amp;E observation unit</del> Page 4 Routine follow up referrals for patients suffering from symptoms suggestive of post concussion syndrome following head injury within 7 working days post injury, either by telephone or out-patient appointments. Page 5 <del>Worcestershire community and mental health NHS trust</del> <del>head injury services-Worcestershire health care NHS trust</del>	Beverley Phillips
26 <sup>th</sup> October 2017	Document reviewed with no changes	Beverley Phillips
5 <sup>th</sup> September 2019	Additional reference to new occupational therapy PDOC guideline Change of referral form for HITs Expanded to include all of Worcestershire Acute trust Update and review of references	OTclinical governance group 11/9/19 Therapy clinical governance 26/9/19

**INTRODUCTION:**

The purpose of these guidelines is to ensure that individuals admitted with head injury in the acute/post-acute phase of recovery to Worcestershire Acute Hospitals NHS Trust are able to receive co-ordinated, timely and appropriate occupational therapy care in accordance with evidence based practice. These guidelines provide a framework to inform and guide best practice.

*Head injury for the purpose of this guideline is defined as “any trauma to the head, other than superficial injuries to the face”*

This definition is taken from the NICE clinical guideline 2017 Head Injury – assessment and early management.

**DETAILS OF GUIDELINE**

**1. Service Philosophy**

To ensure any patient, regardless of age, has access to Occupational Therapy services which assess, treat and advise on the problems resulting from traumatic head injury.

**2. The Patients**

Individuals with head injury may present with minor, moderate or severe problems. These problems may include issues relating to:

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- Physical and/or cognitive impairment including post concessional symptoms
- Social and psychological functioning
- Behavioural disturbance or mental health issues
- Difficulty with language and/or communication

### **3. Occupational Therapy Intervention for Head Injury Patients on any acute ward.**

- 3.1** The Occupational Therapist may contact the Consultant Physician in rehabilitation medicine if required for advice (any referral to the rehabilitation consultant for complex physical disabilities must be verbally agreed by the patient's consultant before a referral is completed by the medical team).
- 3.2** The Occupational Therapist will discuss and implement appropriate assessments (cognitive and functional assessments, see Appendix 1) and then implement an appropriate rehabilitation programme. Patients who are showing signs of behavioural problems eg agitation, aggression, wandering, need special arrangements. Occupational Therapy will liaise with nursing staff and medical teams. For those patients in PDOC (prolonged disorders of consciousness) see separate guideline 'occupational therapy for profound brain injury resulting in prolonged disorders of consciousness).
- 3.3** If the in-patient's Occupational Therapy needs cannot be met within Worcestershire Acute Hospitals Trust, consideration is given to onward referral for longer term rehabilitation or placement. Discussions should take place as a team and include the patient and relatives.
- 3.4** Appropriate early referrals should be made to Worcestershire community based rehabilitation team or agencies and out-patient services (Appendix 2)

#### **Occupational Therapy head injury out patient service**

Routine follow up is at 3 and 6 weeks post injury, either by telephone or out-patient appointments. However, this will vary dependent on individuals' needs.

Intervention may include:

- Reassurance about the length of time it can take for symptoms to subside.
- Advice and practice in the use of strategies to compensate for post-concussion symptoms (eg memory and attention difficulties, activity levels, sleep routines).
- Cognitive assessment
- Advice regarding return to work
- Progress reports will be sent to GP/Orthopaedic consultant as appropriate at timely intervals, and at the time of discharge from Out-Patient Occupational Therapy.
- Onward referrals will be made as necessary to other services eg Headway, Community Occupational Therapy in ABI, Acquired Brain Injury Education Service.

## **4. Occupational Therapy Intervention For Head Injury Patients referred From A&E**

**4.1** Referrals from doctors in A&E/observation wards will be emailed directly to the outpatient occupational therapy team (HITS team) (see appendix 3 and 4) They offer:

Routine follow up referrals for patients suffering from symptoms suggestive of post-concussion syndrome following head injury within 7 working days post referral, either by telephone or out-patient appointments. However, this will vary dependent on individuals' needs.

Intervention may include:

- Reassurance about the length of time it can take for symptoms to subside.
- Advice and practice in the use of strategies to compensate for post-concussion symptoms (eg memory and attention difficulties, activity levels, sleep routines).
- Cognitive assessment
- Advice regarding return to work
- Progress reports will be sent to GP/Orthopaedic consultant as appropriate at timely intervals, and at the time of discharge from Out-Patient Occupational Therapy.
- Onward referrals will be made as necessary to other services eg Headway, Community Occupational Therapy in ABI, Acquired Brain Injury Education Service.

## **5. Onward Referral Further Rehabilitation**

When it is considered that a period for extended or specialised rehabilitation will be required, it may be appropriate for the patient to be placed outside the Worcester district. If the OT team (as part of MDT) decides further inpatient rehabilitation is required, the consultant physician in rehabilitation medicine service should be accessed to ensure a referral is made to the appropriate rehabilitation facility.

**APPENDIX 1**

**Standardised Cognitive Assessments**

GOAT - Galveston Orientation Amnesia Test  
LOTCA - Lowenstein Occupational Therapy Cognitive Assessment  
WHIM - Wessex Head Injury Matrix

**APPENDIX 2**

**Occupational Therapy referrals to be considered on the patient's discharge**

**WRH Out-Patient Services –**

Occupational Therapy, Worcestershire Acute Hospitals NHS Trust

**Worcestershire Healthcare NHS Trust –**

Community Rehab Teams Bromsgrove and Kidderminster  
Community Occupational Therapist specialising in head injury (based at Headway Worcester)

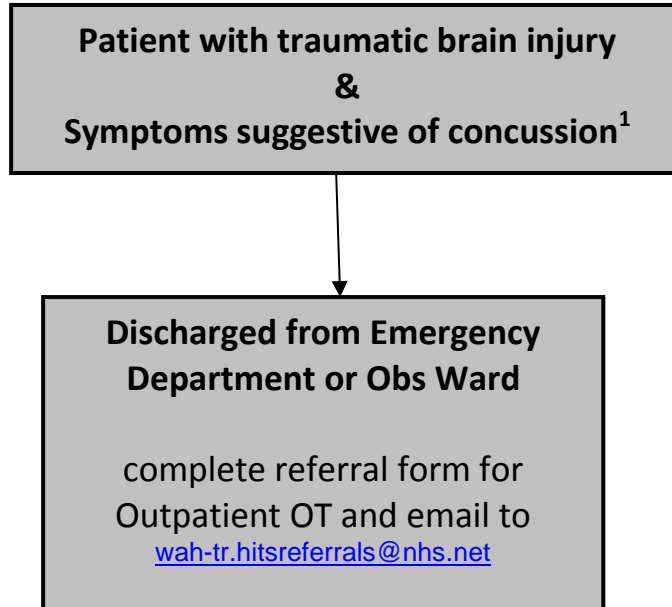
**Headway House-**

Headway Worcester Trust Ltd, Worcester  
(Affiliated to Headway National Association)

**The Acquired Brain Injury Education Service**

(Evesham College of Further Education, Evesham and Heart of Worcestershire college, Worcester.)

## Emergency Department referral pathways for the Head Injury Therapy Service (HITS)



Concussion Symptoms <sup>1</sup>					
headache	dizziness	fatigue	irritability	insomnia	impaired memory
	impaired concentration	oversensitivity to light	over sensitivity to noise		
	intolerance of stress	intolerance of emotion			

Service Description

**The Head Injury Therapy Service (HITS) is able to follow up patients who are suffering symptoms suggestive of post concussion syndrome following their head injury.**

The **out patient service** is able to make initial contact with the patient either by telephone or a booked outpatients appointment in the occupational therapy department at the Alexandra or Worcester Royal Hospital.

The service offers cognitive and memory assessment of particular value to those patients who are having difficulty with everyday tasks or returning to work following their head injury. The service is unable to offer routine follow-up to all head injury patients.

Patients must consent to be contacted by the service and provide a telephone number and be over the age of 16years. Cognitive impairment must be attributable to recent brain injury rather other illnesses such as dementia or stroke.

# Head Injury Therapy Service Referral form

To the **Occupational Therapy Dept, WRH** Tel 33714  
 A & E referrals to be emailed to [wah-tr.hitsreferrals@nhs.net](mailto:wah-tr.hitsreferrals@nhs.net)

The following patient attended the Emergency Department (A&E) of the Worcestershire Royal Hospital after sustaining a traumatic brain injury and I feel she / he would benefit from follow-up.

Affix Addressograph label here	the patient has been discharged but may be contacted on the following <b>telephone number</b> :  _____  Patient's GP  _____
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<b>Date of injury</b>		brief description mechanism injury:  _____  _____		
<b>GCS on admission</b>				
<b>Duration unconsciousness</b>				
<b>CT Brain</b>	not done	normal	abnormal (describe)	
<b>Past Medical History</b>	depression	anxiety	other	

Symptom duration

	Y	N		Y	N
headache			impaired memory		
dizziness			impaired concentration		
fatigue			oversensitivity to light		
irritability			over sensitivity to noise		
insomnia			intolerance of stress		
			intolerance of emotion		

**Reason for Referral**

\_\_\_\_\_

**Additional information**

\_\_\_\_\_

NAME	<b>Requesting health professional</b>	Date
	Designation	

**REFERENCES**

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## CONTRIBUTION LIST

### Key individuals involved in developing the document

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### Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Julie Elliott	Occupational therapy manager (til 2018)
Charlotte Jack	Occupational Therapy manger (2019)
Charles Docker	Consultant orthopaedic
James France	Consultant A&E

### Circulated to the following committee's / groups for comments

Committee / Group
Occupational therapy clinical governance group
T&O clinical governance group
Therapy clinical governance group

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	no	
	• Ethnic origins (including gypsies and travellers)	no	
	• Nationality	no	
	• Gender	no	
	• Culture	no	
	• Religion or belief	no	
	• Sexual orientation including lesbian, gay and bisexual people	no	
	• Age	no	
2.	<b>Is there any evidence that some groups are affected differently?</b>	no	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	n/a	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	no	
5.	<b>If so can the impact be avoided?</b>	n/a	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	n/a	
7.	<b>Can we reduce the impact by taking different action?</b>	n/a	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources

## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval