

OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT GUIDELINE FOR PATIENTS WITH TRAUMATIC SPINAL FRACTURES

This guidance does not override the individual responsibility of health professionals to make appropriate decision 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 (OT) guideline has been agreed with the OT Manager for the acute hospitals NHS trust in Worcestershire and is to be used with patients traumatic spinal fractures

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

All Occupational Therapy staff working in trauma and orthopaedics

Lead Clinician(s)

| | |
|-------------------|--|
| Beverley Phillips | Occupational Therapy Clinical Lead, WRH |
| Rachel Chapman | Occupational Therapy Clinical Specialist, WRH |
| Karen Grinsted | Occupational Therapy Clinical Specialist, Alex |

Approved by:

Trauma & Orthopaedic OT Clinical Governance Group on:

19th September 2018

Therapies Clinical Governance Group:

28th November 2018

OT Clinical Governance Group on:

3rd October 2018

Review Date:

This is the most current document and should be used until a revised version is in place

28th November 2020

Key amendments to this guideline

| Date | Amendment | Approved by: |
|---------------------------------|---|---|
| <u>2nd June 2013</u> | Consider using overbed mirror when pt is on bed rest | OT Trauma and Orthopaedic Clinical Governance Group |
| <u>2nd June 2013</u> | To educate patients on back care with /with out orthosis for all injuries | OT Trauma and Orthopaedic Clinical Governance Group |
| 10 th June 2015 | For prolonged bed rest, consider using the HADs assessment. Refer to patient flow for assistance at home Formal carers unable to help with orthosis. Enhanced Care Team can provide with training | OT Trauma and Orthopaedic Clinical Governance Group |
| August 2017 | Document extended for 6 months as per TMC paper approved 22 nd July 2015 | TMC |
| December 2017 | Sentence added in at the request of the Coroner | |
| December 2017 | Document extended for 3 months as per TLG recommendation | TLG |
| March 2018 | Document extended for 3 months as approved by TLG | TLG |
| June 2018 | Document extended for 3 months as per TLG recommendation | TLG |
| August 2018 | Document extended for 6 months whilst new manager is in place and new key documents page is approved | Julie Elliott |
| August 2018 | Rehabilitation now called PW2/PW1 | OT Trauma and Orthopaedic Clinical Governance Group and OT clinical governance Therapy management clinical governance group |

TITLE OF GUIDELINE

Occupational therapy assessment and treatment guideline for patients with traumatic spinal fractures

INTRODUCTION

All qualified OT staff working in an Trauma and Orthopaedic area should be aware of the existence of the guideline and the location of where a copy of the guideline is kept.

DETAILS OF GUIDELINE

Patient group covered are inpatients who have sustained a traumatic spinal fracture **not involving the spinal cord**. This includes patients who have the following:

- Cervical spinal fractures
- Thoracic spinal fractures
- Lumbar spinal fractures

The majority of individuals who present with a spinal injury will experience some degree of limitation in their occupational performance (self care, transfers and domestic tasks)

Patients who require surgical intervention are transferred to an alternative NHS Trust, but may be transferred back to Worcestershire Acute Hospitals NHS Trust for post operative treatment and discharge planning.

Occupational Therapy Guideline for Spinal Fractures

- Establish treatment plan: Conservative treatment or surgical intervention
- Establish length of bed rest and if prolonged period of bedrest required, consider using the HADs assessment.
- Consider issuing over-bed mirror if on strict flat bedrest
- Screening assessment of patients occupational performance and environment if the patient consents to intervention or contact next of kin if patient lacks mental capacity..
- Establish Occupational Therapy intervention plan to facilitate discharge..
- Issue height measurement sheet (HMS) if required
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan and immobilisation method eg brace/collar
- Joint assessment with physio regarding management and fitting of brace/collar.
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan and immobilisation method
- As appropriate educate patient/family on back care with/without orthosis.
- Consider the provision of short term loan equipment for discharge to the home environment to facilitate independence.
- In consultation with patient, MDT and family refer on to PW1 (or equivalent if out of area) for assistance with ongoing rehab at home if required.
- For those patients who unable to complete the OT intervention plan in the acute setting will require referral for PW2 ongoing in patient rehab or interim bed whilst NWB in consultation with patient, MDT and family if appropriate.

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To be discharged from occupational therapy once the occupational therapy intervention plan is complete or interim bed/PW2 is available.

MONITORING TOOL

How will monitoring be carried out?
Audit of OT notes

Who will monitor compliance with the guideline?
8a 7

| STANDARDS | % | CLINICAL EXCEPTIONS |
|---|-----|---|
| Traumatic spinal # patients will be screened within 2 working days of referral date | 95% | Weekends Patient medically not well enough for assessment. |

REFERENCES

- In-patient Occupational Therapy Assessment and Treatment Procedure-WAHNHST

CONTRIBUTION LIST

Key individuals involved in developing the document

| Name | Designation |
|-------------------|--|
| Beverley Phillips | Occupational Therapy Clinical lead, WRH |
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Circulated to the following individuals for comments

| Name | Designation |
|--------------------|-------------|
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| Jeanette Mulkerins | Band6 |
| Claire Moore | Band6 |
| Rachel Chapman | Band7 |

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

| Name | Directorate / Department |
|----------------|------------------------------|
| Julie Elliott | OT Manager |
| Charles Docker | Clinical lead consultant T&O |

Circulated to the following committee's / groups for comments

| Committee / Group |
|---|
| Occupational Therapy Clinical Governance Group |
| Therapies Clinical Governance Group |
| Occupational Therapy Trauma & Orthopaedic Clinical Governance Group |