OCCUPATIONAL THERAPY FOR PROFOUND BRAIN INJURY RESULTING IN PROLONGED DISORDERS OF CONSCIOUSNESS (PDOC)

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

Prolonged disorders of consciousness (PDOC)
"a state of diminished or absent responsiveness/awareness persisting for more than 4 weeks following sudden onset profound acquired brain injury"

Disorders of consciousness(DOC)include:

- Coma (Absent wakefulness and absent awareness)
- Vegetative state (Wakefulness with absent awareness)
- Minimally conscious state (Wakefulness with minimal awareness)

These definitions are taken from the Prolonged disorders of consciousness National clinical guidelines-Report of a working party 2013 by Royal college of Physicians.

This guideline is for use by the following staff groups :

All occupational therapy staff working with patients who have suspected PDOC.

Lead Clinician(s)

Beverley Phillips	Clinical lead trauma and orthopaedics
Laure Biles	Senior Occupational Therapist-neuro
Rebecca Harrison	Senior Occupational Therapist-neuro
Approved by Occupational Therapy Clinical Governance Meeting on:	19th April 2018
Review Date: This is the most up to date version and should be used until a revised document is in place	6th November 2020

Key amendments to this guideline

Date	Amendment	Approved by:
19th April 2018	Document Approved	OT Clinical Governance Meeting
6th May 2020	Document extended for 6 months during COVID period	

OCCUPATIONAL THERAPY FOR PROFOUND BRAIN INJURY RESULTING IN PROLONGED DISORDERS OF CONSCIOUSNESS

Introduction

The purpose of the guideline is to ensure that individuals with suspected PDOC in the acute/post acute phase of recovery within Worcestershire acute 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.

Details of the Occupational Therapy Guideline

Referral received from Trauma/Neurosurgical hospital via a rehabilitation prescription or verbal handover to the occupational therapist.

OR

Referral received from WRH/AH Occupational therapist, Physiotherapist or ward staff

Action referral within two working days of receiving the referral.

Document in patient notes Occupational therapist will provide intervention acting in patients best interests.

Establish that the patient has been referred to the Rehabilitation Consultant, and if not Occupational therapist to refer patient.

Refer to neuropsychologist (Worcestershire Health and Care Trust) for advice to the family

Optimise conditions for behavioural response, assess most appropriate positioning for patient in the bed/chair/wheelchair and develop a 24 hour positioning programme.

Provide intervention to manage tone and alignment and to prevent the development of contractures

Multidisciplinary goal orientated programme of care to be discussed and timetable to be planned

Clinical Assessment of behavioural responses and administration of structured assessment tools.

Wessex Head Injury Matrix (WHIM) and Coma Recovery Scale Revised (CRS-R) to be applied on at least 10 occasions over a 2-3 week period, when the patient is clinically well and free from current infection.

Within 5 working days from the initial assessment the Occupational Therapist will meet with family to issue 'Its still me' booklet and PDOC information pack, to establish the patient's baseline, to discuss therapy goals and intervention. Occupational Therapist to continue to meet with the family on a weekly basis.

Within initial assessment period Occupational Therapist to ensure patient is exposed to a range of controlled stimuli, within a 24 hour programme

At 4 weeks Occupational therapist to provide a full formal summary of the outcome of the assessments to assist in liaising with the doctors regarding the diagnosis of Vegetative State or Minimally Conscious State

From 4 weeks post admission to Worcester Royal Hospital/Alexandra hospital the Occupational therapist will provide on going intervention as per advice from rehabilitation consultant

Patient is then transferred to a specialist Neuro Rehabilitation unit and Occupational Therapist to liaise with the unit to handover the patient

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out? Notes audit

Who will monitor compliance with the guideline? Senior occupational therapists

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Page3 Page 3 Page4	Referral actioned within 2 working days of receiving refferrals. Refferal made to rehabilitation consultantand neuropsychologist. WHIM and CSR-R applied on at least 10 occasions over 2-3 week period.	Notes audit	Twice a year	Senior occupational therapists	OT manager	Twicea year

References

- Royal College of Physicians (2013) Prolonged disorders of consciousness National guidelines.
- Joesph.T.Giacino and Kathleen Kalmar CRS-R coma recovery scale-revised administration and scoring guidelines 2004
- Shiel.A,Wilson.B,McLellan.DL et al.WHIM Head injury matrix-manual.London.Harcourt Assessment 2000.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Julie Elliott-occupational therapy manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Therapy clinical Governance group
clinical specialist occupational therapists at occupational therapy team leads

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

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.

	Title of document:	Yes/No
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.