



At the conclusion of this presentation, a participant will:

- Discuss what PTA means
- ${}^{\:\raisebox{3.5pt}{\text{\circle*{1.5}}}}$ State how to identify if a patient is in PTA
- List at least 2 DO's and 2 DON'Ts when talking to patients in PTA
- Describe the correct procedures on BIC to identify patients
- Demonstrate correct use of the reference log for entering information and accessing information
- Identify appropriate communication strategy to use in place of questions

2

What is PTA?

 Post-Traumatic Amnesia (PTA) is a state of confusion brought on by physical and chemical changes in the brain after a traumatic brain injury.

| How does PTA affect an individual? | Individuals in PTA may: Not be aware of where they are, the day of the week, why they are in the hospital (orientation) Not be able to remember events that happened recently Have disruptions in their sleep/wake cycle Be easily upset and out of sorts, with fluctuating behaviors | |
|--|---|--|
| How long does it last? | The duration of PTA is measured from the date of injury to when they are oriented with day-to-day recall. This is often a gradual process. | |
| Is this why patient's | YES! • The patient does not remember the event you're asking about and may 'make up' what they think is a reasonable answer. It could be prompted by a | |

recent headline they saw, or a conversation they

• The patient is not lying to you. They simply are mixing up different pieces of information (some

• There is no intention on their part to deceive you, nor are they "crazy". This is called **confabulation**.

| • Don't quiz |
|--------------|
|--------------|



- The duration of PTA is a predictor of TBI outcome. This will include the period of coma, if present.
- Speech Therapists regularly use the O-Log, a tool designed for the rehab setting.
- Patients on the protocol are tested at least every
- If the scores are >25 twice in a row the patient is "out of PTA"
- The O-Log asks questions addressing: Place, Time and Situation (circumstances)

| | • Speech Therapy: send an email to the | |
|--|--|----|
| | "BIC_Inpatient" team to START and STOP the PTA | |
| | Protocol • Speech Therapy: assemble orange Reference Log to | |
| Staff | stay with patient at all times and orange sign for | |
| Responsibilities | wheelchair | |
| | • Speech Therapy: request a Communication Order in AeCIS | |
| | • Speech Therapy: attach orange sign to wheelchair | |
| | • Unit Clerk: Post orange sign above patient's bed | |
| | • Unit Clerk: Post orange dot on room name in hallway | |
| | | 10 |
| 10 | | |
| 10 | | |
| | | |
| | | |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | • Primary OT/PT/ST/TR: Add orange dot and | |
| | Do/Don't list to the coverage info. Neuropsych/Social Work Team: Complete ME | |
| | Neoropsych/Social Work Team: Complete ME | |
| Staff | page | |
| Staff Responsibilities | • Any Team Member: In Rapid Rounds, add | |
| | • Any Team Member: In Rapid Rounds, add orange mark to white board | |
| Responsibilities | • Any Team Member: In Rapid Rounds, add | |
| Responsibilities | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as | |
| Responsibilities | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as | |
| Responsibilities | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as | |
| Responsibilities | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as | |
| Responsibilities (slide 2 of 2) | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as | |
| Responsibilities (slide 2 of 2) | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as | |
| Responsibilities (slide 2 of 2) | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as | |
| Responsibilities (slide 2 of 2) | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as | |
| Responsibilities (slide 2 of 2) | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as | |
| Responsibilities (slide 2 of 2) | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as | |
| Responsibilities (slide 2 of 2) | • Any Team Member: In Rapid Rounds, add orange mark to white board • ALL Team Members: Refer to Reference Log as needed! | |
| Responsibilities (slide 2 of 2) | • Any Team Member: In Rapid Rounds, add orange mark to white board • ALL Team Members: Refer to Reference Log as needed! | |
| Responsibilities (slide 2 of 2) | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as needed! There are patients who may score low on the O-Log but NOT need the PTA protocol, e.g., aphasics. | |
| Responsibilities (slide 2 of 2) | Any Team Member: In Rapid Rounds, add orange mark to white board ALL Team Members: Refer to Reference Log as needed! There are patients who may score low on the O-Log but NOT need the PTA protocol, e.g., aphasics. DOC patients are NOT included in the protocol | |
| Responsibilities (slide 2 of 2) | • Any Team Member: In Rapid Rounds, add orange mark to white board • ALL Team Members: Refer to Reference Log as needed! • There are patients who may score low on the O-Log but NOT need the PTA protocol, e.g., aphasics. • DOC patients are NOT included in the protocol at this time. • There are non-TBI patients, in a clinical state | |
| Responsibilities (slide 2 of 2) | • Any Team Member: In Rapid Rounds, add orange mark to white board • ALL Team Members: Refer to Reference Log as needed! • There are patients who may score low on the O-Log but NOT need the PTA protocol, e.g., aphasics. • DOC patients are NOT included in the protocol at this time. • There are non-TBI patients, in a clinical state consistent with PTA, who DO need the PTA | |
| Responsibilities (slide 2 of 2) 111 Additional | • Any Team Member: In Rapid Rounds, add orange mark to white board • ALL Team Members: Refer to Reference Log as needed! • There are patients who may score low on the O-Log but NOT need the PTA protocol, e.g., aphasics. • DOC patients are NOT included in the protocol at this time. • There are non-TBI patients, in a clinical state | |
| Responsibilities (slide 2 of 2) 111 Additional | • Any Team Member: In Rapid Rounds, add orange mark to white board • ALL Team Members: Refer to Reference Log as needed! • There are patients who may score low on the O-Log but NOT need the PTA protocol, e.g., aphasics. • DOC patients are NOT included in the protocol at this time. • There are non-TBI patients, in a clinical state consistent with PTA, who DO need the PTA | |

PTA Protocol Sign

Posted above the bed and on their wheelchair

PTA PROTOCOL:

- Introduce yourself on every encounter state your purpose
- Do not quiz the patient provide the info using the Reference Log
- Expect the need to repeat information

13

The Reference Log

PAGE

- 1) INFO for orientation
- completed by speech therapist

 ME page
 info on patient, to be completed by the
 neuropsychology/social work team
- 3) TEAM pictures discipline descriptions
 4) CALENDAR
- Two months
- Team COMMUNICATION
- Team COMMI
 VISITOR List



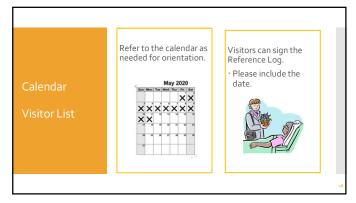
14

Staff can pass information to family

Please date all entries.

Examples:

- 4-2-19: The cardiologist saw Bill today at lunchtime and will give his recommendation to Dr. Segal. All medications were taken today without any difficulty.
- 4-6-19: Family meeting is planned for Tuesday afternoon (Aug 28) at 3pm. Will bring the application information for the state Waiver programs.







- Do establish habits and routines
 - Same sequence, same way each time
- Do help them avoid making errors • modeling, step by step prompting
- Do evaluate their learning by what they do, not by what they say

| DO's and DON'Ts for therapists & |
|----------------------------------|
| nurses |
| |
| |

- Don't quiz them for explicit information
- Don't use lengthy verbal explanations
- Don't expect them to remember what they've been told
- Don't encourage them to "guess" or "try" after a failed verbal or physical response

Earlier, we discussed...



- **Do** introduce yourself; state your name and purpose
- **Do** provide information
- **Do** focus questions on the here and now
- Keep it **simple**

- Don't assume they remember you
- Don't ask the individual to recall information
- · Don't quiz

20

In addition...



and purpose

Do provide information

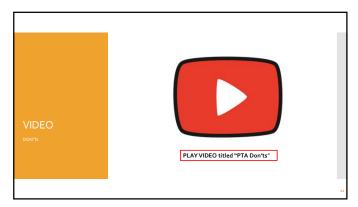
Do focus questions on the here and now

Do establish habits and routines
Same sequence, same way each time
Do help them avoid making errors by
modeling, step by step prompting
Do evaluate their learning by what they
do, not by what they say

Don't assume they remember you **Don't** ask the individual to recall

Don't quiz them for explicit information Don't use lengthy verbal explanations Don't expect them to remember what they've been told

Don't encourage them to "guess" or "try" after failed verbal or physical response





23

Assessment vs. Treatment ONLY Speech therapy should be doing daily orientation questions for patients in PTA.

In TREATMENT: Utilize the reference log to learn information about the patient. This will reduce the need to ask questions requiring recall. Remember to keep your questions in the "here and now" and track their progress via performance. You do not need to complete the orientation field in AeCIS for patients in PTA. You may write "PTA Protocol" under "Orientation comments." 25 State of being – keep questions in the HERE & NOW: • Are you in pain? · Are you comfortable? • Are you hungry? Are you cold? Think about their reliability of yes/no and strategies to confirm that (reverse question, physical presentation) · Change in medical status -• Observe changes in physical presentation Observe changes in performance 26 Assessment of Orientation · Leave that to speech therapy • Learning (to determine progress) • Observe more; Talk less · Look for signs of procedural learning • Familiarity with therapist

Familiarity with hospitalFamiliarity/mastery of routine

| | | _ |
|-------------------------|---|----------|
| | | |
| | | |
| Consider | To gather course of care information Use alternative sources | |
| | Medical record Reference Log daily entries | |
| Why are you asking that | • Family members | |
| question? | Team communications(rapid rounds, email, team rounds) | |
| | | |
| | | |
| | | <u> </u> |
| 28 | | |
| | | |
| | | |
| | | |
| | | |
| | | 7 |
| | ·Rapport | |
| | | |
| Consider Why are you | Use ME information provided in reference log and build on that info | |
| | Observe the patient's comfort/discomfort with the interaction | |
| asking that | Stay away from biographical questions since they may not be helpful | |
| question? | It would be better to interact without questions. This may require you to plan ahead with regard | |
| | to the topics you want to cover | |
| | | , |
| 29 | | |
| | | |
| | | |
| | | |
| | | |
| | | _ |
| | | |
| | Patients may get distressed when they don't know the answer to seemingly obvious questions | |
| | Encouraging explicit recall may actually reinforce false memories and prompt incorrect procedures | |
| Why is the PTA | Patients are often frustrated by a barrage of questions which may affect participation and | |
| Protocol important? | rapport • The patient may not remember what you say, but | |
| | they may remember how they feel | |
| | Staff will get unreliable, potentially inaccurate information that will affect clinical decisions. | |

Reference sheet for therapists and RNs



Do introduce yourself; state your name and purpose **Do** provide information

Do focus questions on the here and now Do establish habits and routines

Same sequence, same way each time **Do** help them avoid making errors by

modeling, step by step prompting **Do** evaluate their learning by what they do, not by what they say

Don't assume they remember you Don't ask the individual to recall information

Don't quiz them for explicit information **Don't** use lengthy verbal explanations **Don't** expect them to remember what they've been told

Don't encourage them to "guess" or "try" after a failed verbal or physical attempt



- These slides were created by a <u>MossReahb Inpatient Brain Injury Center Work Group</u> comprised of Nicole Bongart, Stephanie Farm, Elieen Fitzpatrick DeSalme, Elizabeth Marcy, Lisa Pinder, Deb Presutti, Amanda Rabinowitz and Mary Ferraro.
- · Consultants: Tessa Hart, PhD, and LynTurkstra, PhD, CCC-SLP
- Related Literature:
- Ponsford, J. et al., 2014. INCOG recommendations for management of cognition following TBI, Part I: Posttraumatic amnesia/delirium, Journal of Head Trauma Rehabilitation, 29, 4, 307.
- Sohlberg, M. & Turkstra, L. (2011). Optimizing Cognitive Rehabilitation: Effective Instructional Methods. New York: Guilford Press.
- Trevena-Peters, J. et al., 2018. Efficacy of activities of daily living retraining during posttraumatic amnesia: A randomized controlled trial. Archives of Physical Medicine and Rehabilitation, 99, 2, 329.