PTA Protocol Level 2

Brain injury education for non-clinical staff
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At the conclusion of this presentation, a participant will:

- Discuss what PTA means
- 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

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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.

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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

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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.

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Is this why patient's answers are so confusing and odd at times?

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 overheard.
- The patient is not lying to you. They simply are mixing up different pieces of information (some real, some not).
- There is no intention on their part to deceive you, nor are they "crazy". This is called **confabulation**.

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Remember these DO's and DON'Ts

- **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

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The PTA Protocol

WHO does WHAT

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How is PTA assessed and tracked?

- 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 72 hours.
- 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)

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Staff Responsibilities
(slide 1 of 2)

- **Speech Therapy**: send an email to the "BIC_Inpatient" team to START and STOP the PTA Protocol
- **Speech Therapy**: assemble orange Reference Log to stay with patient at all times and orange sign for 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

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Staff Responsibilities
(slide 2 of 2)

- **Primary OT/PT/ST/TR**: Add orange dot and Do/Don't list to the coverage info.
- **Neuropsych/Social Work Team**: Complete ME page
- **Any Team Member**: In Rapid Rounds, add orange mark to white board
- **ALL Team Members**: Refer to Reference Log as needed!

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Additional Considerations

- 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 protocol.

- The Speech Therapist will advise the team members based on their clinical assessments.

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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

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The Reference Log

PAGE
1) **INFO** for orientation
   completed by speech therapist
2) **ME** page
   info on patient, to be completed by the neuropsychology/social work team
3) **TEAM** pictures
   discipline descriptions
4) **CALENDAR**
   Two months
5) **Team COMMUNICATION**
6) **VISITOR List**

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Communication Page

Staff can pass information to family and team.

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.

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Calendar

Visitor List

Refer to the calendar as needed for orientation.

May 2020

Visitors can sign the Reference Log.
- Please include the date.

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Considerations for treatment delivery to patients in PTA

For all therapy staff and direct care nurses

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DO's and DON'Ts **for therapists & nurses**

Continued on next slide

- **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

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DO's and DON'Ts for therapists & nurses
Continued from previous slide

- **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

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Earlier, we discussed…

DO'S & DON'TS

- **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

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In addition…

DO'S & DON'TS

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 failed verbal or physical response

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VIDEO

DON'Ts

PLAY VIDEO titled "PTA Don'ts"

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VIDEO

Name at least 3 things Elizabeth does to support this patient in PTA.

PLAY VIDEO titled "PTA Do's"

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Assessment vs. Treatment

During ASSESSMENT:

- You can assess orientation on your initial evaluation, but please do NOT ask daily questions about their orientation. Instead, **provide** the information.

- ONLY Speech therapy should be doing daily orientation questions for patients in PTA.

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Assessment vs. Treatment

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."

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Consider....

Why are you asking that question?

- **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
  - Vital signs

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Consider....

Why are you asking that question?

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 hospital
    - Familiarity/mastery of routine

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Consider....

Why are you asking that question?

- **To gather course of care information**
  - Use alternative sources
    - Medical record
    - Reference Log daily entries
    - Family members
    - Team communications
      - (rapid rounds, email, team rounds)

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Consider....

Why are you asking that question?

- **Rapport**

  - Use ME information provided in reference log and build on that info
  - Observe the patient's comfort/discomfort with the interaction
  - Stay away from biographical questions since they may not be helpful
  - It would be better to interact without questions. This may require you to plan ahead with regard to the topics you want to cover

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Why is the PTA Protocol important?

- 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**
- Patients are often **frustrated** by a barrage of questions which may affect participation and 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.

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Reference sheet for therapists and RNs

DO'S & DON'TS

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

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Authors & References

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Related Literature:

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