

# PTA Protocol Level 2



Brain injury education for non-clinical staff

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This educational material was developed by the Memory Work Group at the Drucker Brain Injury Center in MossRehab.

This information is intended to support the training needs of direct and indirect care providers who may interact with patients in a state of Post Traumatic Amnesia.



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

## 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

Key features include disorientation, confusion, poor memory, and sometimes anxiety, agitation, or distress.

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.

Patients can be in a state of PTA for hours to weeks, months, or even years.

Unlike what is frequently seen in movies, patients generally do not spontaneously come out of a state of amnesia, but rather gradually demonstrate the ability to hold onto information over time.

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**.

6

Patients in a state of PTA may produce very confusing or odd answers to questions posed. This is not an attempt to lie or deceive.

It is more likely that they are using the limited information available to them to generate what seems like a reasonable response.

This is called **CONFABULATION**. Nearby conversations, news seen on the TV or in the paper, for example, may be used to "fill in the memory gaps."

## 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

7

Fortunately, there are things we can do as care providers to support patients during this difficult time in their recovery. It is important to remember these simple DO's and DON'Ts for every interaction.

1. Do introduce yourself, state your name and purpose – even if you spend significant time interacting with this individual. We cannot assume they remember us while in this state of PTA.
2. DO provide information. We don't want to quiz these individuals or test their ability to recall information. If it is determined that they are in PTA, we already know they will be unable to do so. Instead, provide orientation at the start of each interaction. "My name is ....Today's date is 3/10/2020. You had an accident and hurt your head. You are here at MossRehab to get better so you can go home."
3. DO keep questions in the here and now. We can't ask these individuals to recall information that happened in the past (i.e. How did you sleep last night? Is your pain better than yesterday? How did you manage your diabetes at home?) This information will not be reliable so utilizing to make clinical decisions is not advisable. Instead, ask questions like "Do you have pain right now?" or "Are you comfortable?" that address the individual's current state. And finally,
4. Keep it simple. Be clear, concise, and succinct in your communication. We don't want to make instructions or tasks overly complicated. Providing routine, structure, and consistency will help these individuals to tap into their procedural learning systems.



# The PTA Protocol

WHO does WHAT

8

Now we will outline the roles and responsibilities of various team members in implementing and maintaining the PTA Protocol.

These specifics are, of course, specific to our institution's procedures. The point is to identify the detailed procedures and staff responsibilities.



## 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)

9

Speech Therapists use the Orientation Log or O-Log tool to assess patients in our rehab setting.

The O-Log assesses an individual’s ability to recall place, time, and situation. Patients that score <25 are considered to be in a state of PTA. The SLP is the designated team member to routinely reassess the patient using the O-Log. They complete this assessment at least every 72 hours, but usually once per day during the week. Once the patient scores >25, they are considered out of PTA and will be removed from the protocol.

Note that other standard orientation measures, e.g., the Galveston Orientation and Amnesia Test (GOAT), could also be used for classification.

## 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

10

The Speech Therapist is responsible for determining when patients need to be placed on the protocol and when they are ready to stop the protocol. They send out an email communication to the team, request a communication order from the physician, and assemble the reference log that will always be with the patient.

The unit clerk posts orange dots on the room name in the hall and places signage over the patient's hospital bed. This clearly communicates to all care providers when a patient is on the protocol.

## 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!

11

Therapists attach the Do's and Don'ts to their coverage information so therapists caring for their patients when they are off or out sick, know the strategies to use during sessions.

The Neuropsychologist reaches out to family and gathers information about the patient's family, occupation, and interests and uses that to complete the ME page.

All team members share the responsibility of making sure the PTA protocol status is correctly being communicated and the reference log is being utilized appropriately.

## 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.

12

Patients who have aphasia may score low on the O-Log but not be placed on the protocol. That is because the score is felt to be related to language impairments, not disorientation.

Patients who present with a disorder of consciousness are also not included in this protocol.

Patients who have non-traumatic injuries but are in a state consistent with PTA may be placed on the protocol.

The SLP advises team members based on their clinical judgment and assessments.

**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

This is an example of the orange signage placed over the head of the bed and hanging from the wheelchair.

This clearly communicates recommended strategies to all staff who may be interacting with the patient.

# 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

My name is \_\_\_\_\_

I am at MossRehab in Elkins Park, PA.  
My room number is \_\_\_\_\_

I am at MossRehab because I have a brain injury.

My injury happened on \_\_\_\_\_  
when I \_\_\_\_\_.

I have been at MossRehab since \_\_\_\_\_

**ME** REFERENCE LOG

NAME AND AGE: \_\_\_\_\_ PRESENT/PAST OCCUPATION: \_\_\_\_\_  
I am (was): \_\_\_\_\_

My address is: \_\_\_\_\_ IS MY FREE TIME: \_\_\_\_\_  
I like to: \_\_\_\_\_

My age is: \_\_\_\_\_  
My birthday is: \_\_\_\_\_

FAMILY: \_\_\_\_\_  
My family includes: \_\_\_\_\_

IMPORTANT DETAILS: \_\_\_\_\_  
I wear glasses:  Full time  Only reading  
I wear a hearing aid:  Yes  No  
Preferred language: \_\_\_\_\_

Reference Log: MossRehab Team Members

Click on the photos to view member info and additional team info. Please call if you need help with this page.

<p><b>Physician:</b> Manages your health and coordinates care.</p> 	<p><b>Nurses (nursing):</b> Helps with daily care, such as eating, clothing, and bathing.</p> 
<p><b>Physical Therapy:</b> Helps you move, stretch, and strengthen your muscles.</p> 	<p><b>Occupational Therapy:</b> Helps you do daily activities, such as eating, dressing, and bathing.</p> 
<p><b>Speech Therapy:</b> Helps you improve speaking, understanding, and swallowing.</p> 	<p><b>Rehabilitation Therapy:</b> Helps you learn activities and coping.</p> 
<p><b>Social Work:</b> Helps with your and your family's needs.</p> 	<p><b>Neuropsychology:</b> Helps you &amp; your family understand and cope with your injury.</p> 

Reference Log - Team Communication

Date	Comment

Reference Log - Visitor List

Date	Visitor

14

The reference log is a resource that can be utilized by staff and family.

An information page provides basic orientation information.

The “ME” page provides basic information about the individual in the state of PTA. This data is collected from family and can be reinforced in conversations by team members.

The TEAM page includes photographs and brief descriptions of all team members that interact with the patient on a regular basis.

The team communication and visitor logs create a record of important or noteworthy events.

## 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.

Staff can use the reference log to relay accurate information to the family and other team members. Examples include medication changes, specialty consults, achieving certain milestones in therapy, and scheduling of family meetings.

Calendar

Visitor List

Refer to the calendar as needed for orientation.



Visitors can sign the Reference Log.

- Please include the date.



The visitor list can also be a helpful tool in recording visits friends and family.

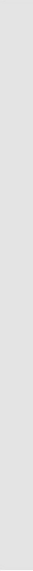
A crossed-out calendar is a quick visual reference used for orientation. The patient is never asked to find the calendar in the Reference Log.





# Considerations for treatment delivery to patients in PTA

For all therapy staff and direct care nurses



17

Clinicians and nurses can face many challenges when providing care to patients in a state of PTA. Let's now review some key, evidence-informed strategies that will help to optimize patient performance.

## 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

18

Patients with this level of memory impairment have profound difficulty with their explicit memory systems but may have procedural memory systems intact. Because of this, they benefit from “errorless learning” techniques.

This means ideally:

\*The patient should perform tasks in the same sequence, the same way every time. We need to be mindful of providing structure and routine.

\*We need to limit their errors and help them to perform tasks correctly through modeling/demonstration and step by step cueing if needed.

\*We also need to evaluate if they are learning by what they DO, not by what they say. For example, a patient might not remember your name, but they may smile or appear to recognize you when you walk into a room. Patients may also not be able to state where they are but may start to demonstrate the ability to navigate correctly back to their room or the therapy gym.

## 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

19

It is just as important to consider what NOT to do for this patient population. We must avoid quizzing these individuals for explicit information. Again, by observing what they are doing or saying, we can glean a lot about their learning without asking questions like, "Do you remember my name? Do you remember what we work on together?" We have identified specific team members to closely monitor orientation status so there is no need for all team members to do this throughout the day.

Consider:

\*We should also avoid length, verbal explanations. Our verbal instructions and prompts should be simple, direct, and succinct. This will help to improve the patient's understanding and reduce the risk of them becoming overwhelmed or frustrated.

\*We need to understand that patients in PTA will likely not remember things they have been told previously because of the severity of their memory impairments. We will need to provide needed information with every interaction.

\*Finally, we should NOT encourage patients to "guess" when they are not certain of the answer. This does not promote cognitive recovery, but rather may reinforce false guesses into their recall. Instead, we need to provide the correct information.

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

20

As discussed earlier, here are the basic Do's and Don'ts for ALL staff and caregivers interacting with patients in a state of PTA.

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

21

In addition, health care providers should consider these additional Do's and Don'ts when providing treatment.

VIDEO

DON'Ts

PLAY VIDEO titled "PTA Don'ts"

22

Here is an example of a therapist interaction with a patient in a state of PTA. Let's review together and identify the things this clinician did **WRONG**.

- \*Inappropriate personal conversation at the start of the session led to increased confusion for the patient. She pulled these events into her own recall. This is an example of **CONFABULATION**.

- \*The therapist didn't introduce herself to the patient and also quizzed her to recall her name and previous sessions. This caused some distress to the patient.

- \*She asked questions that required the patient to recall information from the past. This information won't be reliable and shouldn't be used to inform clinical decisions.

## VIDEO

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



PLAY VIDEO titled "PTA Do's"

Now let's review an example of an interaction that uses some of the strategies outlined in the PTA Proccotol. What strategies were used that were effective?

- \*\*Therapist provided clear orientation at the start of the session.
- \*\*Therapist limited questioning and focused on the "here and now."
- \*\*Therapist empathized with the patient instead of getting frustrated or making patient feel shameful about her inability to recall.
- \*\*Kept tasks and instructions brief and function based.

## 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.

24

It is important to consider the role of assessment compared to treatment for this population. It is appropriate for the various disciplines to formally assess orientation during an initial evaluation, but this should not be a routine occurrence with daily treatment sessions. Instead PROVIDE the information for individuals who are determined to be in a state of PTA.

Our Speech Language Pathologists are the discipline designated to carefully assess orientation daily using the OLOG to determine when patients have emerged from a state of PTA. They will notify all other team members when this has occurred, and the patient no longer is appropriate for the PTA protocol.



## 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.”

25

For treatment sessions, providers can utilize the reference log to learn more about the patient. Rather than asking the individual about their social history and interests, we can gather that information and reference it during our interactions. This reduces the burden of “recall” placed on the patient.

When we do ask questions, we must remember to keep them in the “here and now.”

For documentation purposes, we can note in our electronic medical record that the patient is on the PTA protocol in the fields designated for orientation.

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

26

As clinicians and nurses, we frequently ask questions of our patients for many reasons. When caring for someone in a state of PTA, we must be thoughtful about the purposes of our questions.

\*State of Being. It is perfectly appropriate to ask the patient questions to determine how they are doing in the moment. For example, we can ask “are you in pain right now?” This is different from asking a question that requires recall like “did you sleep last night?” – which relies on recall and thus may not be accurate.

\*We often ask questions to evaluate for changes in medical status. This should be limited for patients in PTA. Instead, we should observe for changes in physical presentation, changes in performance of tasks, and closely monitor vital signs.

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

Again, we historically ask patients orientation questions frequently to track progress overnight. We now designate one discipline, SLP, to be responsible for that. This allows for the patient to experience one round of potentially frustrating questions vs repeatedly being asked by all team members throughout the day.

To monitor for changes in learning over time, it is better for us to OBSERVE more and TALK less. We can look for evidence of procedural learning during our patient interactions. Improving performance/recall of functional tasks, team members, and the environment can be noted without quizzing the patient for explicit information.

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)

We also sometimes ask questions of patients to gather information about their course of care. Patients in PTA will be unable to provide accurate information. Imagine if a physician makes medication adjustments based on the question, "How did you sleep last night?", when the patient may be unable to accurately recall that information. Similarly, this applies to questions about comparative pain, appetite, bowel movements, etc.

Instead, we should utilize the medical record, review the reference log, and consult with family and other team members to gather information.

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

29

Lastly, we often ask questions to build a rapport with our patients. The ME page is a tool to get accurate information regarding the patient's interests and background. Instead of asking, "What sorts of things do you like to do for fun?" , we can refer to the Reference Log and state things like "I see you enjoy fishing. What a nice way to spend a morning!"

We need to monitor patients closely for any signs of distress or discomfort. Watch for their verbal and nonverbal communication signs.

## 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.**

There has been a long-standing practice of quizzing patients who are confused and disoriented in an effort to frequently assess for changes or to try to promote learning.

Evidence, however, suggests that this practice is not only not helpful, but can also be harmful. Patients may become distressed or frustrated from constantly being asked questions they are unable to answer. These emotional responses to interactions might be easier for patients to recall and thus, can have a negative impact on therapeutic relationships.

Reference sheet  
for therapists  
and RNs

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 a failed verbal or physical attempt

## Authors & References

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