

# Post-Traumatic Amnesia (PTA) Protocol

## From MossRehab – Drucker Brain Injury Center

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Thank you for your interest in this protocol! We hope that you find it helpful in your work with inpatients who exhibit memory impairments due to brain injury.

The materials in this packet were created by a MossRehab work group to address the needs of patients in post-traumatic amnesia (PTA). With minor modification, these materials are also appropriate for patients with significant memory impairment due to non-traumatic brain injury (e.g., anoxic encephalopathy). Intended to educate institutional staff (and families) who interact with the patient daily, this packet consists of the slides, handouts and policies to create a supportive therapeutic environment for individuals in PTA.

***Notes to readers:***

***--Some content in this document is unique to MossRehab but it is included as an example of procedures we instituted to enact the PTA Protocol. It is meant to help you identify relevant characteristics for your facility.***

***--If you refer to this protocol in any dissemination (presentations, articles),***

***please cite it as follows:*** Tessa Hart, Mary Ferraro, Amanda Rabinowitz, Eileen Fitzpatrick DeSalme, Lauren Nelson, Elizabeth Marcy, Stephanie Farm & Lyn Turkstra (2020): Improving communication with patients in post-traumatic amnesia: development and impact of a clinical protocol, Brain Injury  
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## Policy and Procedure

### **Purpose:**

Post-traumatic amnesia (PTA) is a state of confusion brought on by physical and chemical changes in the brain after a traumatic brain injury. Patients may exhibit confusion, disorientation, retrograde amnesia, inability to store new memories [anterograde amnesia] and sometimes agitation and delusions.<sup>1</sup> Inpatients on the brain injury unit, who are in PTA, benefit from reassurance and reduced frequency of questions that rely on stored memories. This protocol describes specific actions for team members for coordinated care.

### **Determination of PTA**

In our center, PTA is assessed with the Orientation Log<sup>2</sup> (O-Log), administered by speech therapy staff regularly. The O-Log is a tool designed for the rehab setting; applicable patients are tested at least every 72 hours. The O-Log questions address Place, Time and Situation (circumstances).

### **Patient inclusion criteria for PTA protocol:**

The primary determinant is an O-Log score below 25, with considerations noted below:

- This CAN include non-TBI patients, in a clinical state consistent with PTA.
- This does NOT include individuals with severe language impairment (e.g., aphasia).
- This does NOT include patients with disorders of consciousness.

### **Protocol Assignments by discipline:**

Speech Therapy:

- Send emails to the “BIC\_Inpatient” team to START and STOP the PTA Protocol
- Assemble orange Reference Log (see details below) to stay with patient always
- Attach orange sign for wheelchair
- Request a Communication Order in Electronic Medical Record

Unit Clerk:

- Post orange sign above patient’s bed
- Post orange dot on room name in hallway

Neuropsych/Social Work Team:

- Complete ME page

Primary OT/PT/ST/TR:

- Add orange dot and Do/Don’t list to coverage sheet to assist with staff consistency

ANY Team Member in daily Rapid Rounds:

- Provide information sheet to family members for education
- Add orange mark to white board used for rapid rounds

Ending the PTA Protocol:

- Speech therapy will send email to stop protocol
- Unit clerk will remove orange sign above bed and orange from name plate

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### Contents of Reference Log

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 with discipline descriptions
4. Calendar
5. Team Communication – space for date and comment as needed
6. Visitor Log – space for date and name

### Important reminders (Do/Don't) to all staff for communication for individuals in PTA:

#### DO:

- Do introduce yourself; state your name and purpose
- Do provide information
- Do focus questions on the here and now
- Do establish habits and routines, using the same sequence each time you practice
- Do help them avoid making errors by modeling or step-by-step prompting
- Do evaluate their learning by what they do, not by what they say

#### DON'T:

- 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

### References

<sup>1</sup>Ponsford et al., 2014. INCOG recommendations for management of cognition following TBI, Part I: Posttraumatic amnesia/delirium, *Journal of Head Trauma Rehabilitation*, 29, 4, 307.

<sup>2</sup>Jackson, WT, Novack, TA, Dowler, RN. 1998. Effective serial measurement of cognitive orientation in rehabilitation: the orientation log, *Archives of Physical Medicine and Rehabilitation*, 79(6), 718-721.

# REFERENCE LOG for individuals on the PTA Protocol



**ME** REFERENCE LOG

**NAME AND AGE** PRESENT/PAST OCCUPATION  
I like to be called: I am (was):  
I live in: IN MY FREE TIME  
My age is: I like to:

**FAMILY & FRIENDS**  
My family includes:  
Others close to me:

**IMPORTANT DETAILS**  
I wear glasses:  full time  for reading  
I wear a hearing aid:  Yes  No  
Religious Preference:  
Preferred language:

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 \_\_\_\_\_

**Reference Log: MossRehab Team Members**  
Please see the primary team members who will coordinate your care. Other staff will work with you from time to time.

|   |   |
|---|---|
| <b>Physician:</b><br>Manages your health and medications.<br>  | <b>Nurses (many!)</b><br>Manages vital signs, medications, fluids, level of bed, tubing, showering.<br>    |
| <b>Physical Therapy:</b><br>Works on mobility, balance, strength, and endurance.<br>                   | <b>Occupational Therapy:</b><br>Works on moving and thinking for daily routines.<br>                       |
| <b>Speech Therapy:</b><br>Works to improve thinking, communication, and swallowing.<br>               | <b>Recreation Therapy:</b><br>Works on leisure activities and outings.<br>                                |
| <b>Social Work:</b><br>Works with you and your family to plan for hospital and how to discharge.<br> | <b>Neuropsych:</b><br>Helps you & your family understand how the brain is injured and how to adjust.<br> |

## Contents:

- Cover page
- ME page
- Team photo
- Calendar (two months)
- Team Communication
- 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**

I like to be called:

I live in:

My age is:

**FAMILY & FRIENDS**

My family includes:

Others close to me:

**PRESENT/PAST OCCUPATION**

I am (was):

**IN MY FREE TIME**

I like to:

**IMPORTANT DETAILS**

I wear glasses:

full time     for reading

I wear a hearing aid:

yes     no

Religious Preference:

Preferred language:

## Reference Log Team Photos

### Reference Log: MossRehab Team Members

These are the primary team members who will coordinate your care.  
Other staff will work with you from time to time.

#### Physician:

Manages your health and medications.

Dr Michael Marino ▼



#### Nurses (many!)

Manages vital signs, medications, meals, in/out of bed, toileting, showering.



#### Physical Therapy:

Works on mobility, balance, strength, and endurance.

Elizabeth Marcy ▼



#### Occupational Therapy:

Works on moving and thinking for daily routines.

Angela Long ▼



#### Speech Therapy:

Works to improve thinking, communication, and swallowing

Deb Presutti ▼



#### Recreation Therapy:

Works on leisure activities and outings.

Liz Decina ▼



#### Social Work:

Works with you and your family to plan for discharge.

Stephanie Kerbel ▼



#### Neuropsych:

Helps you & your family understand how the brain is injured and how to adjust.

Dr. Eileen Fitzpatrick ▼





Reference Log Calendar

# April 2020

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     | 1   | 2   | 3   | 4   |
| 5   | 6   | 7   | 8   | 9   | 10  | 11  |
| 12  | 13  | 14  | 15  | 16  | 17  | 18  |
| 19  | 20  | 21  | 22  | 23  | 24  | 25  |
| 26  | 27  | 28  | 29  | 30  |     |     |

# May 2020

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     | 1   | 2   |
| 3   | 4   | 5   | 6   | 7   | 8   | 9   |
| 10  | 11  | 12  | 13  | 14  | 15  | 16  |
| 17  | 18  | 19  | 20  | 21  | 22  | 23  |
| 24  | 25  | 26  | 27  | 28  | 29  | 30  |
| 31  |     |     |     |     |     |     |

## Reference Log Team Communication

### Reference Log - Team Communication

| Date | Comment |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |
|      |         |

## Reference Log Visitor List

### Reference Log - Visitor List

| <b>Date</b> | <b>Visitor</b> |
|-------------|----------------|
|             |                |
|             |                |
|             |                |
|             |                |
|             |                |
|             |                |
|             |                |
|             |                |
|             |                |
|             |                |

## 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

## PTA Info for Medical Consultants

### **Brain Injury Physician Reference Sheet for Post-Traumatic Amnesia (PTA)**

PTA is a state of confusion brought on by physical and chemical changes in the brain after a traumatic brain injury. Patients in PTA are identified by an orange dot on their door sign, an orange sign above their bed, and an orange folder (with information for reference) in their possession.

**Patients that are in PTA may report unreliable and inaccurate information that could affect clinical decisions.**

#### **For patients in PTA, limit questions as appropriate:**

- Observe, rather than question, when possible.
- Use the medical team and chart to obtain information.
  - Do read the HPI for information.
  - Don't ask "What happened to you?"
- Keep questions in the HERE & NOW:
  - Do ask "Are you in pain?"
  - Don't ask "Is your pain better than yesterday?"

#### **Why is this important?**

- Patients may get distressed when they don't know "obvious" answers.
- Asking questions about prior events or problems may reinforce false memories and prompt incorrect procedures.
- Patients are often frustrated by frequent questions.
- Clinical decisions may be influenced by inaccurate information.

- ✓ Do introduce yourself; state your name and purpose
- ✓ Do provide information
- ✓ Do focus questions on the here and now
- ❖ 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

## POST TRAUMATIC AMNESIA

### Information Sheet

MossRehab  
BRAIN  
INJURY  
CENTER

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

Individuals in PTA may:

- Not be aware of where they are, the day of the week, or why they are here
- Not be able to remember recent events
- Have disrupted sleep/wake cycles
- Be easily upset and out of sorts

**Recovery is a gradual process.**

**Why are my family member's answers confusing and odd at times?**

- They do not remember and may 'make up' an answer.
- They may report information that is not accurate.
- They are not lying to you. They are not trying to deceive you, nor are they "crazy."
- They are simply mixing up real and not real information. This is called confabulation.

**We encourage you to use the Visitor List in the orange Reference Log.**

**See any team members for more information.**

## DO'S & DON'TS

Remember...

- **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



## Do's and Don'ts for STAFF

# 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

## Education Materials: Level 1 (Basic) and Level 2 (Advanced)

Three views of each Level are available: Full slide, Slides with notes, Handouts (3 slides/page).

### PTA Protocol Level 1



Brain injury education for non-clinical staff  
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Level 1 consists of 15 slides and uses the *Do's and Don'ts* on the family handout (page 16).

### PTA Protocol Level 2



Brain injury education for direct care staff  
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Level 2 consists of 32 slides and uses the *Do's and Don'ts* for treating staff (page 17). It includes more detailed information on interactions with patients in PTA.