How to prepare for assessing awareness.

Alison Knight,
Highly Specialist Occupational Therapist.
alisonknight1@nhs.net

Regional Hyper-acute Rehabilitation Unit
Northwick Park Hospital
Aim

Optimal set up

Observation by clinicians/ carers/ family

- Determine level of awareness
- Determine consistency of responses
- Utilise meaningful responses in communication
Why is preparation so crucial?

**Recovery**

- Majority of patients will change between 3-24 months.
- Progress is gradual
- Accurate and current baseline

(RCP, 2013)
Why is preparation so crucial?

Misdiagnosis

5 key reasons for misdiagnosis

- Lack of uniform diagnostic terminology
- Human error due to inexperience or lack of training
- Inappropriate behavioural assessment methodology
- Poor physical or medical management
- Lack of involvement of MDT & family

(Gill-Thwaites, 2006)
What to consider....

- Assessor
- Patient
- Family/carers
- Environment
The Assessor.....

- Knowledge
- Experience
- Familiarity
- Skills
The Patient......

**Investigate**
- Medically Stable
  - Clinically well
  - Free from inter-current infection?

**Optimise**
- Medication
  - Identify and if possible withdraw or reduce any drugs which could effect arousal
The Patient continued……

Be aware of pain

- Common concern
- Possible physiological stress – impact on behavioural assessments (VS and MCS)
- Clinical assessment must rely on the observation and interpretation of pain-related behaviours (RCP, 2013)
The Patient continued......

Nutrition
- Timing
- Length of feed
- Co-morbidities
- Motility
- Metabolic disturbances

Bladder and Bowels
- Regularity
- Infections
- Skin integrity
The Patient continued…..

Tracheostomy
- Frequency of care
- Method
- Setting up

Spasticity and Posture
- Supported in an upright position as possible
- Seated V’s Profiled sitting in bed
- Splints
The Patient continued....

Vision and Hearing
- Glasses
- Hearing aids

Communication
- Gestural
- Body movements
- Eye gaze

Sleep wake cycles
- Patterns
The Environment

**Do**
- Quiet area
- Rest periods
- Good lighting
- Positioning
- Bed v’s wheelchair
- Use all the senses

**Don't**
- Overstimulate
- Over fatigue
- Use inappropriate stimulation
The Family and Carers

Involve and Feedback

- Familiarity
- 24 hour approach
- Daily observations
- Information gathering and sharing
- Involvement
Key messages

- Optimise set up as best as you can
- Exclude and/or manage negative contributing factors
- 24 hour Team effort
References


Resources: (RCP PDOC 2013)

- Electronic annex 2c – Optimising conditions for responses

- Electronic annex 2b - Minimum requirements for experience and training of assessor for patients with PDOC.