

PTA Protocol Level 1



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



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

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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.

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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**.

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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

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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 isToday'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.

Actions that let staff know a patient is on the PTA protocol

- An email will go to the *BIC_Inpatient* distribution list
 - An orange "dot" will be on their name tag outside of room
 - A communication order will be sent in AeCIS
 - An orange *PTA Protocol sign* will be placed in their room, above the bed
 - An orange sign will be attached to their wheelchair
 - An orange folder/reference log should be with them at all times
- ❖ The assigned speech therapist is responsible to INITIATE the PTA protocol, create the individualized reference log, and STOP the protocol when appropriate.

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The Brain Injury Unit at MossRehab has developed a PTA Protocol to improve staff awareness of patients in a state of PTA and staff understanding of the best way to support patients with this level of memory impairment.

First, the patient's SLP is responsible for initiating the PTA protocol. An email is sent to all team members indicating a patient is in PTA and will be placed on the protocol. A communication order is placed in the electronic medical record by the medical resident.

The color **ORANGE** is used to designate the PTA Protocol. An orange dot is placed on their name tag outside the room, an orange sign is placed over the head of their bed and attached to the patient wheelchair. An orange folder, or reference log, is placed in a bag on their wheelchair.

The SLP sends a follow up email to the team when the patient is no longer in a state of PTA.

These specifics are, of course, specific to our institution's procedures. The point is to iron out the details of how it will be instantiated and who does what.

**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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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: _____ **IN MY FREE TIME** _____
I like to: _____

My age is: _____
My birthday is: _____

FAMILY
My family includes: _____

IMPORTANT DETAILS
I wear glasses: _____
I use a cane: I use reading glasses: _____
I wear a hearing aid: _____
Cyes:
Preferred language: _____

Reference Log - MossRehab Team Members

Meet the patients team members who will contribute your care. Other staff will work with you from time to time.

<p>Physician: Manages your health and medications.</p> 	<p>Nurses (nursy): Monitor vitals, administer medications, provide most of your nursing care.</p> 
<p>Physical Therapy: Works on mobility, balance, strength, and endurance.</p> 	<p>Occupational Therapy: Helps with everyday activities, such as dressing, eating, and driving.</p> 
<p>Speech Therapy: Works to improve speaking, understanding, and swallowing.</p> 	<p>Recreation Therapy: Helps with leisure activities and outings.</p> 
<p>Social Work: Works with you and your family to plan for your discharge.</p> 	<p>Neuropsychology: Helps you & your family understand and deal with brain injury.</p> 

Reference Log - Team Communication

Date	Comment

Reference Log - Visitor List

Date	Visitor

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.

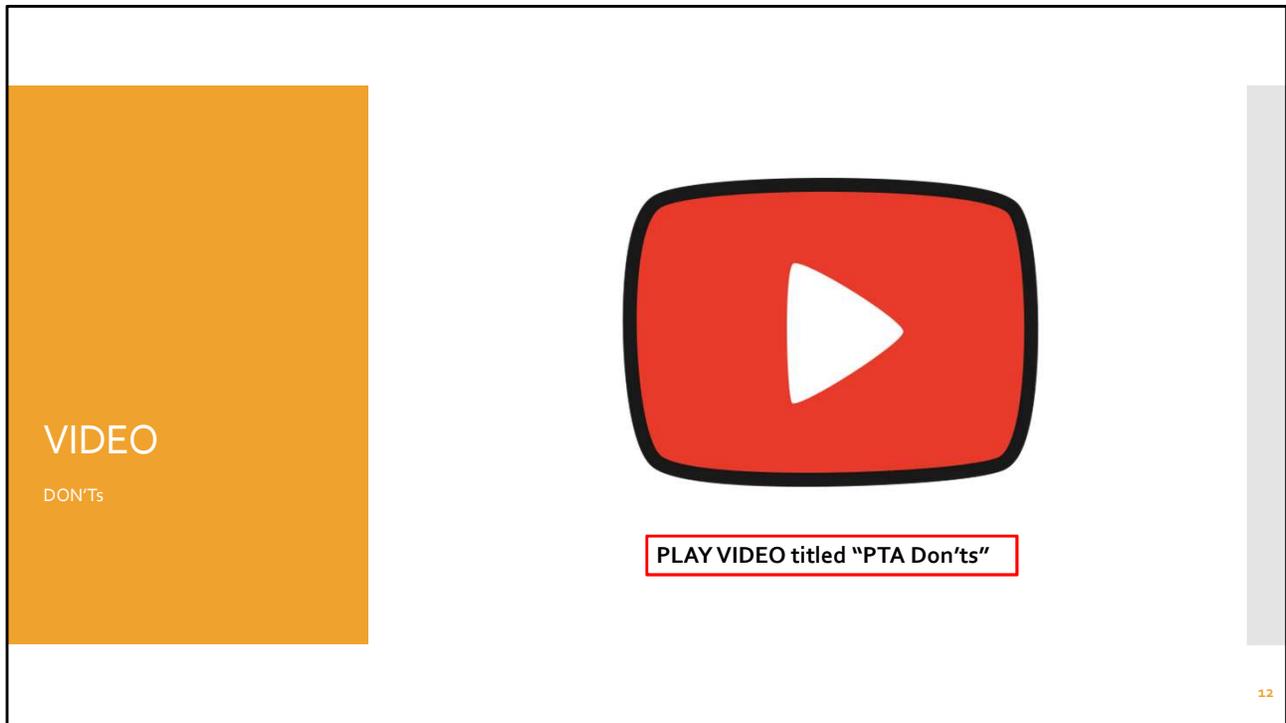
Why is the PTA Protocol important?

- Patients may get **distressed** when they don't know the answer to seemingly obvious questions
- Patients are often **frustrated** by a barrage of questions which may affect their mood, participation and rapport
- The patient may not remember what you say, but they may remember how they feel

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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.



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"

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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.

Remember...

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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Again, these simple Do's and Don'ts should be considered for all interactions with an individual in PTA.

Dietary, nurses, aides, consultants, environmental services, physicians, chaplains, therapists, social workers, and neuropsychologists all play a role in providing the support needed to these patients.

Authors & References

- These slides were created by a MossReahb Inpatient Brain Injury Center Work Group comprised of Nicole Bongart, Stephanie Farm, Eileen Fitzpatrick DeSalme, Elizabeth Marcy, Lisa Pinder, Deb Presutti, Amanda Rabinowitz and Mary Ferraro.
- Consultants: Tessa Hart, PhD, and Lyn Turkstra, PhD, CCC-SLP

Related Literature:

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