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

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.

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.
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

The PTA Protocol

Who does what

- 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)
**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.
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

The Reference Log

- INFO for orientation
  completed by speech therapist
- ME page
  info on patient, to be completed by the
  neuropsychology/social work team
- TEAM pictures
  discipline descriptions
- CALENDAR
  Two months
- Team COMMUNICATION
- VISITOR List

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.
Refer to the calendar as needed for orientation.

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

Considerations for treatment delivery to patients in PTA
For all therapy staff and direct care nurses

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

<table>
<thead>
<tr>
<th>DON'Ts</th>
<th>DO's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't quiz them for explicit information</td>
<td>Do introduce yourself; state your name and purpose</td>
</tr>
<tr>
<td>Don't use lengthy verbal explanations</td>
<td>Do provide information</td>
</tr>
<tr>
<td>Don't expect them to remember what they've been told</td>
<td>Do focus questions on the here and now</td>
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<td>Don't encourage them to “guess” or “try” after a failed verbal or physical response</td>
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Earlier, we discussed...

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</table>

In addition...
VIDEO
Don'ts

PLAY VIDEO titled “PTA Don’ts”

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

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.
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.”

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

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
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)

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

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.
DOs & 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

Reference sheet for therapists and RNs

Authors & References

- These slides were created by a MossRehab Inpatient Brain Injury Center Work Group comprised of Nicole Bongart, Stephanie Farm, Eileen Fitzpatrick DeSalme, Elizabeth Marcio, Lisa Pinder, Deb Prescotl, Amanda Rabinesnitz and Mary Ferrari.
- Consultants: Tessa Hart, PhD, and Lyn Turkstra, PhD, CCC-SLP
- Related Literature: