

Confusional state in severe brain injury rehabilitation – an occupational therapy approach

Anna Birthe Andersen & Rikke Kjær Jensen, Occupational therapists and clinical advisors
Hammel Neurorehabilitation and Research Centre (HNRC), Denmark

Aim

To systematise experiences of confused patients behavior in order to adjust occupational therapy and interdisciplinary approach in inpatient rehabilitation

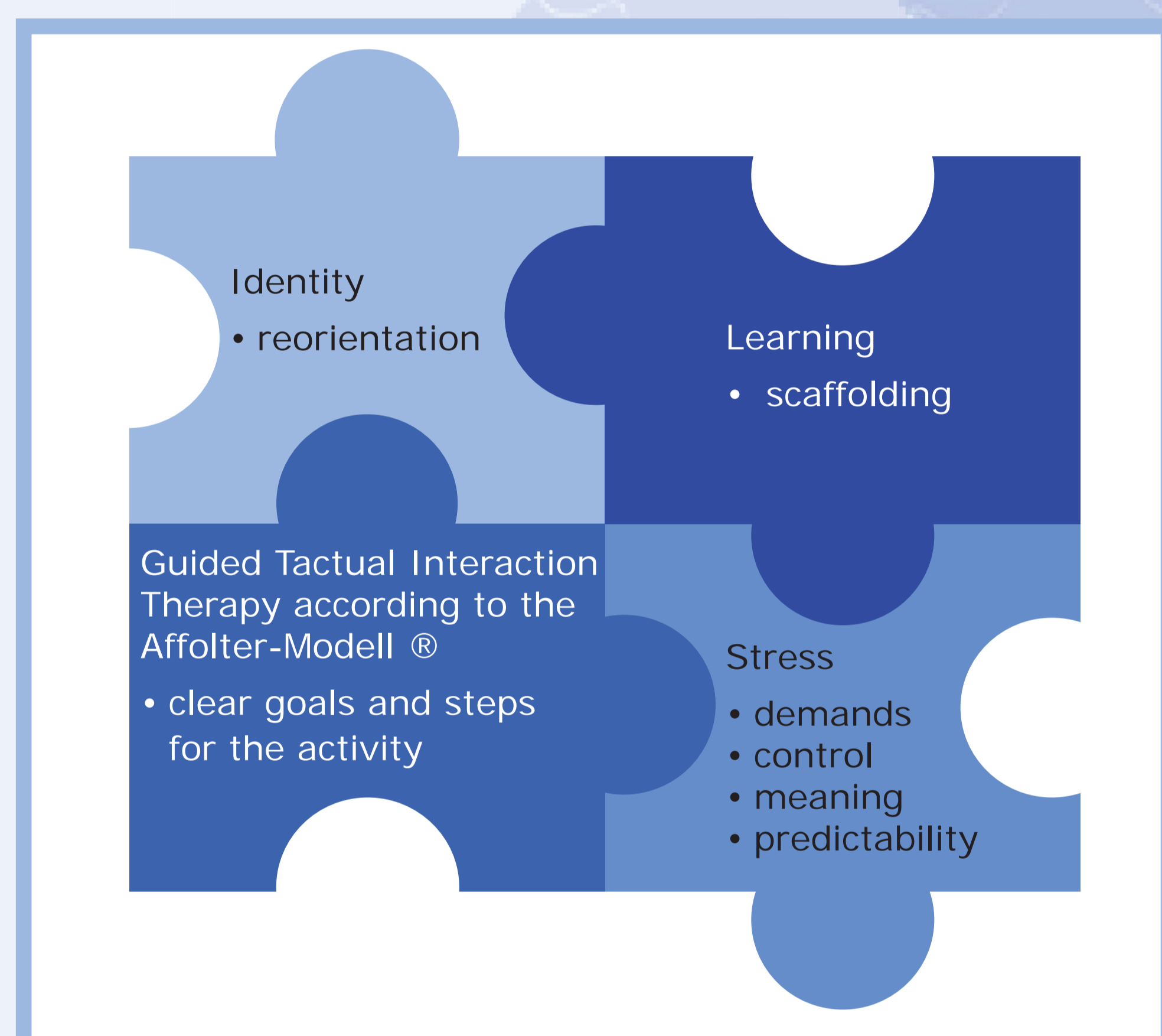
The confused patient

- Has attention deficits, are easily distracted by external information as well as internal impulses
- Appears chaotic and inconsistent
- Has loss of memory
- Does remain in previous life and identity
- Has variable orientation in time, places and personal identity
- Confabulates
- Is hyperactive and shows restless behavior

Typical difficulties in patients' occupational performance

- Difficulties in continuing from one step of the activity to another e.g. from having washed oneself to start drying oneself
- Difficulties in locating things placed in cupboards and drawers
- Difficulties in orientating in a new environment e.g. locating the toilet or own room in the ward
- Move on from one activity to another without terminating the first activity
- Do not get enough to eat or drink and do not get enough sleep
- Do often initiate activities not relevant for the context; e.g. he packs his belongings and wants to go home, to work, to pick up the kids
- Show often resources in relation to performing well-known activities – e.g. can wash oneself when bathing, and eats when food is served

Related theories



Organisational requirements

- Staff members involved in treatment of the patient must share a common understanding of therapy approaches
 - requires knowledge, interdisciplinary teamwork, reflection on own roles and documentation
- Ensure needed staff resources – confused patients often need support around the clock
 - opportunity to change staff in order to prevent mental fatigue of staff members
- Staff members must be able to plan, analyse and grade activities and surroundings to the patient's level of performance in the given situation
 - learn to observe and react according to the patient's individual signs
 - learn to predict the response of the patient - "be one step ahead"

Approaches in therapy

- Organise the day in a way so the patient is participating in meaningful activities. This requires knowledge about the patient's personality, roles, habits, values, interests and routines (the relatives are an important source of information)
- Organise the day so there is a balance between activity, rest and sleep
- Activities and surroundings should be adjusted to give the patient a clear comprehension of the goal and steps in a given activity
- Support patient and relatives in the reorientation process

Conclusion

Rehabilitation of the confused patient calls for a highly specialized interdisciplinary approach in a flexible organisation. Occupational therapists contribute significantly in the rehabilitation in terms of a client centered approach. Information of former roles, habits and interests combined with individual-focused activity analysis is incorporated in the rehabilitation programme.