National MajorTrauma Rehabilitation Group

NMTRG Guidelines for the assessment and rehabilitation of the Major Trauma patient

Discipline: Occupational Therapy

Guideline: Management of Abdominal injuries

The Occupational Therapist should have working knowledge of the following anatomy and function of;

- Broad knowledge & understanding of Abdominal anatomy & function inclusive of abdominal regions, Bones, Musculature, Vasculature, Organs, Gastrointestinal tract

And have a knowledge of;

- Blunt vs Penetrating mechanisms of traumatic injury
- Physiological impact of traumatic injury & principles underpinning tissue healing
- A broad understanding of Medical injury management, surgical approaches and procedures e.g Damage control surgery, Trauma Laparotomy, Laparostomy, Reconstructive surgery
- Post operative restrictions/limitations e.g. wound care, drains
- Anticipated trajectory of recovery for the critically unwell patient
- Anticipated recovery times and expected return to normal function
- Longer term implications of medical management & impact upon quality of life e.g. Delayed abdominal closure, Stoma care, reconstructive surgery.
- Post operative complications & barriers to progression in recovery e.g. repeat surgical procedures
- Nutritional support & methods of administration - Enteral vs Parenteral options

The Occupational Therapist should be able to recognise;

- Pain limiting presentation and impact upon planned interventions
- Importance of a serial Pain assessment & management
- Signs of a deteriorating patient and escalation policy
- Impact of abdominal trauma upon Respiratory function, overall mobility and functional performance
- Implications for abdominal trauma in a Polytrauma patient e.g additional complexity in presentation
- Nutritional mode of delivery and impact upon planned therapy interventions and progress
- Early signs of poor engagement with health professionals & care, low motivation, poor task initiation and anxiety

It is not expected that an Occupational therapist will routinely review all patients admitted with a traumatic abdominal injury.

However, for any Abdominal trauma or Polytrauma patient who presents with an identified functional impairment or if any barriers to discharge have been identified-

The Occupational therapist should be able to offer the following interventions where appropriate:

- Provide a comprehensive initial assessment of:
  -nature of traumatic injury (e.g. self harm, violence), a detailed medical, mental health, social and pre morbid history.
  -Functional performance and task completion e.g personal care tasks, feeding, functional mobility.

-Emotional wellbeing in the aftermath of traumatic injury

- Design and commence a progressive early rehabilitative program targeting identified functional impairment to promote engagement, confidence and independence in task performance.
- To provide education and advice regarding energy consumption & equipment with conservation strategies in recovery of function
- To provide specialist assessment and provision of adaptive equipment as needed in the acute setting e.g feeding, seating.
- To play a leading role in the discharge planning process making recommendations to ensure a supportive plan is in place to optimise recovery beyond the acute setting e.g. Package of care recommendations, equipment provision for discharge, onward referrals and liaison with acute MDT & Community/intermediate care services.
- To monitor emotional wellbeing throughout recovery and provide anxiety management education and advice as appropriate
- To promote self confidence and monitor adjustment to life changing injury e.g body image, stoma, scar management
- To provide advice re: return to normal recreational activity and work for patients not requiring formal onward therapy referral.

The Occupational Therapist is expected to complete this assessment and intervention;

- A comprehensive assessment should take place for any patient who presents with an identified functional impairment or if any barriers to discharge have been identified.
- Referrals can be made by any member of the MDT to Occupational Therapy. All referrals can be considered on a case by case basis.
- This assessment should take place when the patient is deemed medically stable and in a position to engage in a meaningful assessment.
- An initial assessment should take place in a critical care setting if the patient is in a position to participate.
- The patient should be reviewed by the Occupational Therapist on a daily basis in the acute setting until intervention is no longer required.
- Discharge planning should commence from day of initial assessment
- A rehabilitation Prescription must be started within 72hrs of admission and issued to the patient at the point of discharge from acute therapy services. The rehab prescription must also be provided to all next care providers including the GP.
- Occupational therapy should be available 7 days per week in the acute setting
- Occupational therapists should advocate for MDT Trauma clinic review of patient at 4 weeks post discharge if not at their functional baseline at point of discharge. This review can take place remotely via telephone or video clinic.

The Occupational Therapist should have knowledge of additional services including;

- Inpatient MDT e.g. Physiotherapy, SLT
- Specialist nursing e.g. Stoma care, tissue viability, Scar management
- MDT Outpatient Trauma Clinic
- Psychology & Psychiatric services
- Charitable organisations e.g. peer support, violence reduction, victim support, youth violence support.

- Legal Advice- Personal or Criminal injury claims
- Understanding of the effect of injury on return to work and if Citizens Advice may be required

The Occupational Therapist understands how to access the following pathways;

- Community Domiciliary MDT Therapy services: SLT/Dietetics/PT/OT as indicated
- Social services and local authority structure/ funding e.g Reablement services
- MDT Trauma clinic-Outpatient

Consideration for long term Rehabilitation:

- Community based Occupational Therapy
- Vocational Rehab