

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

Discipline: Speech and Language Therapy

Guideline: Management of Abdominal injuries

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

- The Gastrointestinal tract: Oesophagus, Stomach, Small Intestine, Large Intestine, Colon, Appendix, Cecum, Rectum, Anal canal
- The accessory Organs of the abdomen: Liver, Gall Bladder, Pancreas, Spleen, Adrenal glands, Kidneys, The Mesentery.
- Broad knowledge & understanding of abdominal Bones, Musculature, Vasculature & regions of the abdomen

And have a knowledge of:

- Blunt vs Penetrating mechanisms of traumatic injury
- Physiological impact of traumatic injury & principles underpinning tissue healing
- Understanding rationale for abdominal injury management e.g Surgical vs Conservative
- Surgical incisions and clinical relevance
- Surgical procedures e.g Damage control surgery, Trauma Laparotomy, Laparostomy, Reconstructive surgery
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- Post operative complications
- Post operative restrictions/limitations/ recommendations e.g. Nil by mouth, light oral intake
- Nutritional support & methods of administration - Enteral vs Parenteral options

The Speech and Language Therapist should be able to recognise;

- Pain limiting presentation and impact upon planned intervention
- Signs of a deteriorating patient and escalation policy
- Impact of abdominal trauma upon Respiratory function
- Implications for abdominal trauma in a Polytrauma patient e.g additional complexity of presentation
- Nutritional mode of delivery and impact upon therapy intervention and progress

It is not expected that a speech and language therapist will routinely review all patients admitted with a traumatic abdominal injury.

For any Abdominal trauma or Polytrauma patient who presents-

- *With an identified or as having a possible swallowing or communication impairment*
- *Prolonged intubation with any resulting decompensated swallow function or requirement for tracheostomy*

The Speech and Language Therapist should be able to offer the following interventions where appropriate:

- Comprehensive Dysphagia assessment including radiological investigation if indicated e.g. VF, FEES.
- Design and delivery of a Dysphagia rehabilitation program with regular monitoring and review
- Provide clear & visible written recommendations regarding swallow safety, positioning and dietary restrictions for both patient and care givers.

- To play a leading role in decision making regarding safety of oral intake and meeting nutritional need in both the short and longer term. This will require close liaison with both Medical and Dietetics colleagues.
- To play a leading role in the management of Tracheostomised patients e.g. weaning with communication aids, cough reflex testing
- Specialist communication assessment & rehabilitative interventions & recommendations where indicated e.g. provision of communication aids.
- Provide education and training for patients and care givers e.g. Positioning, bedside swallow assessment, escalation of care, communication aids.
- Onward referral to community Speech and Language therapy services as needed
- Contribute towards the completion of a Rehabilitation Prescription, providing a copy for the patient at point of discharge, GP & next care provider as required.

The Speech and Language Therapist is expected to complete this assessment and intervention:

- Swallow assessment and recommendations should be made available within 24hrs of referral to inpatient Speech and Language therapy services. Communication assessments should take place within 24-48hrs of referral.
- Where impairment is identified and modifications suggested, a review by the Speech and Language therapist should take place on a daily basis thereafter until return to baseline level of function has been reached or onward recommendations are made.
- Speech and Language therapy should be available to Trauma patients 7 days per week regardless of location within the hospital setting.
- The Speech Therapist Advocate for patient follow up in Trauma clinic to include review of overall functional recovery 4 weeks post admission

The Speech and Language Therapist should have knowledge of additional services including;

- Inpatient MDT e.g. Dietetics, Physiotherapy, Surgeons
- Specialist nursing e.g. Nutrition team
- MDT Outpatient Trauma Clinic
- Psychology & Psychiatric services

The Speech and Language Therapist understands how to access the following pathways;

- Community Domiciliary MDT Therapy services: SLT/Dietetics/PT/OT as indicated
- Outpatient Speech and Language therapy services
- Trauma clinic-Outpatient

Consideration for long term rehabilitation;

- Community or Outpatient based Speech and Language therapy services