

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

Discipline: Speech and Language Therapy

Guideline 1: Management of head and neck injuries

The SLT should have knowledge of the anatomy of the head and neck including;

- Bones of the cranium and face
- Muscles of the head, face and neck
- C-spine
- Cranial and facial nerve
- Mouth, pharynx and larynx

The SLT should be able to recognise;

- Any change in muscle function involved in eating, drinking or communicating
- Facial palsy and or synkinesis
- Altered range, rate or strength of articulators
- An abnormal swallow pattern and signs of aspiration
- Recognise changes to structure as well as function
- Impact of structural changes on diet recommendations
- Ethical issues around oral and non-oral nutrition and hydration
- Communication impairments including dysphonia, dysarthria
- Withdrawal/ social isolation as a result of communication impairment
- When referrals are required to another service e.g. ENT, Clinical Psychology, physiotherapy
- The need to consult with the surgical team with regards to suitability and safety of therapy exercises and oral intake

The SLT should be able to offer the following assessments and interventions

- Oro-motor assessment
- Bedside swallow assessment (including patients with tracheostomy if appropriate)
- Referral for instrumental assessment of swallowing i.e. videofluoroscopy, Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- Dysphagia intervention
- Tracheostomy weaning (if appropriate in local area)
- Assessment and management of Trismus
- Comprehensive communication assessment – language, motor speech, voice, cognitive communication disorder
- A trial of alternative and augmentative communication (AAC) systems (high tech and low tech)
- A holistic therapeutic approach involving family/carers that focuses on patient centred goals.
- Facilitate discussions around long term feeding alongside the medical team and Dietitians
- Joint MDT working

The SLT is expected to provide this assessment and intervention;

- Early in the patients admission inclusive of critical care
- When appropriate during inpatient stay, inpatient rehabilitation, community or in outpatient clinics

The SLT should have knowledge of additional services, and how to refer, including;

- Ear, Nose and Throat
- Maxillofacial
- Dental
- Home ventilation
- Gastroenterology
- Nutrition team
- Clinical Psychology
- Physiotherapy services for facial palsy

The SLT understands how to access the following pathways

- Referral for instrumental assessment
- Local Community Speech and Language Therapy
- Cross boundary Speech and Language Therapy services
- Voice clinic

The SLT understands the considerations for long term rehabilitation

- Patient support groups / group rehabilitation
- Links with preventative teams