

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

Discipline: Occupational Therapy

Management of head and neck trauma.

The OT should have knowledge of the anatomy of the head and neck and the impact of sensory impairment on function.

The OT should be able to recognise;

- The impact of sensory disturbance or loss (including sight, smell, hearing, feeding, speaking and proprioception)
- The impact of positioning on airway management
- The psychological effect of head and neck trauma, including body image.

The OT should be able to offer the following interventions

- Visual and perceptual assessment
- Assessment of sensory disturbance or loss on: functional activities, quality of life and managing risk.
- Assessment of equipment to support the head and neck, to support airway management and feeding in sitting.
- Facilitating psychological adjustment to loss of function and changes to body image.
- Knowledge and provision of equipment to improve function

The OT is expected to complete this assessment and intervention;

- Early in the patients admission inclusive of ICU and HDU assessment / intervention
- As part of a 7 day service inclusive of ICU and HDU weekend cover

The OT should have knowledge of additional services including;

- Sensory impairment teams
- Citizens advice
- Psychology input as inpatient and after discharge

The OT understands how to access the following pathways

- Onward outpatient therapy input
- Pain management
- Falls prevention
- Help at home on discharge
- Long term scar management

If required the patient has access to;

- Rapid access MSK rehabilitation within two weeks of discharge
- Vocational rehabilitation
- Community rehabilitation within a week of discharge
- Follow up in an MDT clinic
- Access to a dementia pathway
- Complex MSK rehabilitation
- Educational intervention
- Timely access to Mental health / IAPT services/Psychology services

