

NMTRG Guidelines for the assessment and rehabilitation of the Pelvic and Sacral Injuries Major Trauma patient

Discipline: Speech and Language Therapist

Guideline 1: Management of Pelvic and Sacral Injuries

The Speech and Language Therapist should have knowledge/awareness of the following;

- The implications of fracture stability and management on positioning of the patient for eating, drinking and swallowing.
- The effect of positioning restrictions (e.g. external fixators limiting seating) on swallowing function/safety and nutrition/hydration.
- Surgical interventions and post-operative complications that may impact on swallowing and communication e.g. post-operative delirium.
- Comorbidities that can affect swallowing and communication in Major Trauma patients e.g. COPD, dementia, degenerative neurological disorders, brain injury, maxillofacial injuries.
- The impact of critical illness/endotracheal intubation/tracheostomy on swallowing and communication in critically ill and post-critical care Major Trauma patients.
- Factors that increase the risk of aspiration in Major Trauma patients (e.g. non-ideal positioning, dependency on others for feeding, pre-existing dysphagia, prolonged or traumatic intubations, critical illness myopathy and polyneuropathy).
- Indications for instrumental assessment of swallowing or other onward referrals e.g. ENT.
- Texture modification and compensatory swallowing strategies.
- Swallowing rehabilitation approaches.
- Communication assessment and therapy in Major Trauma patients e.g. cognitive communication disorders following traumatic brain injury.

The Speech and Language Therapist should be able to recognise;

- Signs and symptoms of swallowing difficulties.
- The impact of positioning and seating restrictions on swallowing and nutrition/hydration.
- The impact of pre-morbid conditions and comorbidities on swallowing and communication.
- Communication difficulties as a result of polytrauma injuries.
- When instrumental assessment of swallowing is required.
- The impact of critical illness on swallowing, communication and cognition.

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

- Bedside swallowing assessment.
- Refer for videofluoroscopy/Fibreoptic Endoscopic Evaluation of Swallowing (FEES) as appropriate.
- Advise on mouth care, positioning, feeding options, texture modification and swallowing strategies.
- Advise on saliva management and tracheostomy weaning in Major Trauma patients with tracheostomies.
- Advise on swallow rehabilitation exercises and approaches.
- Assessment of communication difficulties (e.g. cognitive communication disorder, aphasia, dysarthria, dysphonia).

- Provide communication advice and strategies to patients and the MDT.
- Provide direct communication therapy where appropriate.
- Contribute to assessment and facilitation of mental capacity in patients with communication difficulties.
- Educate the wider MDT in the recognition and management of swallowing and communication difficulties in Major Trauma patients.
- Rehabilitation Prescription provision

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

- Early in the patients admission inclusive of ITU/HDU.
- As part of a 7 day service inclusive of weekend cover (dependent on local service provision).
- Recording on-going weekly/ monthly goals on the Rehabilitation Prescription.

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

- Dietetic service
- Physio/OT/seating specialists
- Community Speech and Language Therapy services
- Nutrition specialist nurses

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

- Community Speech and Language Therapy services
- Help at home on discharge

If required the patient has access to;

- Community Speech and Language Therapy Service

Consideration for long term rehabilitation

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

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