|  |
| --- |
| **Initial Multidisciplinary Traumatic Brain Injury Assessment** |
| **Date: Time:** Notes reviewed **□Present and role explained:*** Occupational Therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Physiotherapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Speech Language Therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Additional people present:
 | **Consent*** Verbal
* Non-verbal
* Seen in best interest
 |
| **Past Medical History** | **Previous Function**  |
|  |  |
| Previous head injury or concussion: Yes/No Details: |
| Known psychiatric history: Yes/No Details:  |
| Visual impairment (glasses): Yes/No Hearing impairment (hearing aids): Yes/No Handedness: Left / Right/ ambidextrous  |
| **Injury Characteristics** |
| Date of injury: | Date of admission: | ACC number: |
| Loss of consciousness: Yes / No / Unknown Duration: |
| Intubation: Yes / No Details:  |
| Tracheostomy: Yes/No Details:See Tracheostomy Weaning Checklist (template CR4758) and/or weaning plan in clinical notes  |
| Substance/ Alcohol involvement: Yes / No Details: |
| GCS  | At Scene: /15 | in ED: / 15 | Current: /15 |
| Injury Description/ Mechanism:CTH/MRI findings:Other injuries (including management plans i.e. weight bearing status, safety parameters):Neurosurgical intervention: |
| **Social and Occupational Profile** |
| Social history Family and friend questionnaire provided: No / Yes – refer to attached form  |
| **Swallowing & Nutrition** |
| Dysphagia screening completed: Yes / No Details:Dentition:Oral hygiene:  Current feeding:□ NBM Date NBM commenced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□NG □PEG □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□Oral intake Current consistency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Neurological assessment**Observations as charted □ Attachments:Cognition: ( level of alertness, orientation, attention, information processing):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The Rivermead Post-Concussion Symptoms Questionnaire | Westmead PTA Scale  | Wessex Head Injury Matrix | Coma Recovery Scale | Rancho Los Amigos levels of cognitive functioning scale |
| Refer to attached form  |

Affective/ Behaviour:Medications to manage behaviour:Fatigue, endurance, activity tolerance:Other observations (e.g. skin integrity, pressure injuries, pain, subluxation):Range of Motion:Tone:Function Neurological Observations (Power/sensation/co-ordination):Speech/Language assessment and observations: |
| **Problems/Occupational Performance issues** | **Therapy plan** Family education provided (include details/topics and any resources provided): □ Orientation board provided and explained Referrals to other disciplines (e.g. orthotics) ACC Early cover □ |
| **Recommendations:** Seating and transfer plan:Positioning plan:Fatigue and behaviour management plan:Feeding plan: Communication strategies:**MDT recommendations:**Likely discharge destination: □ ABI □ Domicile DHB :□ Home  □ Training for independence □ Concussion clinic □ Other  Date referral completed: Medical team follow-up requests:Occupational Therapist (NZROT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physiotherapist (NZRPT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_Speech Language Therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |