What can Occupational Therapy offer in Critical Care?

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What is Occupational Therapy?

- Occupational Therapy (OT) takes a “whole-person approach” to both mental and physical health and wellbeing and enables individuals to achieve their full potential. (2019 Royal College of Occupational Therapists)
GPICS recommendations for Occupational Therapy

- Critical care units must have access to occupational therapy services 5 days a week during working hours.
- 0.23 WTE OTs per bed to ensure adequate functional and cognitive rehabilitation interventions and comprehensive non-pharmacological delirium management (Alvarez et al)
- Early OT interventions which address physical and cognitive rehabilitation and encouragement to participate in meaningful functional activity
- Patients receiving rehabilitation must be offered therapy by the MDT over 7 days
- The ward round must have regular input from OT to assist decision making.
- OTs should attend intensive care MDT meetings to ensure the communication of plans and progression of patient rehabilitation.
GPICS recommendations for Occupational Therapy - continued

• The critical care team should include a Senior OT with sufficient experience to contribute to and develop rehabilitation which addresses the complex functional, cognitive and psychosocial needs of the patient.
• OTs should be involved in intensive care follow-up clinics to assess and facilitate appropriate referrals to further rehabilitation or specialist services and to address any long-term physical and non-physical impairment affecting occupational performance.
• All OTs working in critical care should use a yearly appraisal tool to track and guide their professional development.
• The OT service should aspire to the delivery of a seven-day service for critical care patients.
OT publications

‘The Occupational Therapy role in critical care’
(OT news April 2019)

- 76% of patients required OT intervention
- 59% of patients required advice
Current OT service provision for Critical Care

- ‘Ad-hoc’ service provision
- Lack of OT team capacity to carry out rehabilitation
- Patients often referred to OT once transferred to other wards
- Referrals usually completed by physiotherapy colleagues – limited referrals from nursing staff and medics
- Lack of staff knowledge on the OT role
Occupational Therapy - what we can offer

- Information gathering – gaining a holistic picture of the person prior to critical care admission
- Person centred and holistic assessments which can include activities of daily living, posture management, cognition, upper limb function, splinting, home assessments and adaptations, wheelchair provision
- Goal setting
- MDT working and joint assessments
- Supporting patient’s transition between critical care and other wards or hospitals
- Supporting patient’s transition home or into the community setting
- Advice and practical tips for families and carers
- Identifying depression and anxiety – anxiety management and breathing techniques.
- Identifying meaningful occupation – helping patient’s to overcome boredom
Functional assessments and interventions

• Daily activity practice: personal hygiene/grooming – brushing teeth, washing and combing hair, make up application
• Feeding
• Toileting
• Joint assessments with MDT
Postural management

- 24 hour postural management
- Sleep system
- Postural seating assessments
- Wheelchair referral
Upper limb rehab

- Therapeutic activities
- Therapeutic exercise
- Orthotic design, fabrication, fitting and training
- Joint protection and/or energy modification in home, work, school, or leisure activities
- Sensory re-education
- Mirror therapy
- Pain management
- Activity modification
- Education for post-surgical or post-injury safety, including sensory loss
Cognitive assessment and interventions

• Reorientation
• Use of suitable assessment tools
  - WHIM, GOAT, MOCA
• Patient and family education and support
• Referrals to on-going support services
Home assessment and adaptations

- Assessment of patient’s homes and make recommendations according to current level of function and/or on-going needs

- Referrals to housing for minor/major adaptations such as ramping, stair lifts, level access bathing facilities

- Provision of assistive equipment to facilitate mobility, encourage independence and ensure safety.
Supporting patients and families

- Advice and education on returning to work
- Fatigue management
- Driving advice
- Signposting to relevant services – social care, benefits advice, psychological support
Patient case study

- 25 year old female
- Hypoxic brain injury following cardiac arrest
- Lived at home with her mum and younger siblings
- Previously independent
Occupational Therapy Assessment

- Mobility and transfers
- Postural management
- Wheelchair assessment
- Personal cares
- Home environment
- Neurological assessment – Wessex Head Injury Matrix (WHIM)
Occupational Therapy Interventions

• Specialist equipment provision – seating, wheelchair, slings
• Completion of WHIM cognitive assessment and reporting of results
• Staff education
• Engaging family members with the development of treatment plans
• Referrals to community services for housing adaptations
# Daily Visitor’s Plan

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>
| 11-1pm| **Hoisted into wheelchair**  
A’s grandad and nana visit at 11am. | **Bed rest**  
A’s sister attends to assist showering and to wash and dry A’s hair. | **Hoist into wheelchair**  
A’s nana and grandad visit around 11am. | **Bed rest**  
A’s sister to visit and will usually wash hair | **Hoisted into wheelchair**  
A’s nephew usually visits with A’s mum and plays with toys. | **Hoisted into wheelchair**  
A’s niece visits with A’s mum | **Hoisted into wheelchair**  
A’s mum visits |}
| 2-4pm | **Therapy/Staff led Stimulation**  
A’s mum visits | **Therapy/Staff led Stimulation**  
A’s mum visits | **Therapy/Staff led Stimulation**  
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A’s mum visits | **Therapy/Staff led Stimulation**  
A’s mum visits |
| 5-7pm | **Bedrest**  
A’s mum gives her a manicure and facial | **Bedrest**  
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# Daily Care Plan

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.00-08.00</td>
<td>Staff handover – A to wear beats headphones</td>
</tr>
<tr>
<td>08.00-10.00</td>
<td>Medication&lt;br&gt;Bolus feed&lt;br&gt;Observations&lt;br&gt;Bed bath – every day except Tuesday which is shower day.</td>
</tr>
<tr>
<td>10.00-11.00</td>
<td>Rest period – A to be in bed and wear Beats headphones</td>
</tr>
<tr>
<td>11.00-13.00</td>
<td>Family visiting – see timetable&lt;br&gt;Bolus feed at 12.00</td>
</tr>
<tr>
<td>13.00-14.00</td>
<td>Rest period – A to be in bed and wear Beats headphones</td>
</tr>
<tr>
<td>14.00-16.00</td>
<td>Observations&lt;br&gt;Medications&lt;br&gt;Therapy/Staff led Stimulation – DVD/ music/ talking to A.</td>
</tr>
<tr>
<td>16.00-17.00</td>
<td>Bolus feed</td>
</tr>
<tr>
<td>17.00-19.00</td>
<td>Visiting – see timetable</td>
</tr>
<tr>
<td>19.00-20.00</td>
<td>Staff handover – A rest period, to wear beats headphones</td>
</tr>
<tr>
<td>20.00-22.00</td>
<td>Medication&lt;br&gt;Bolus feed&lt;br&gt;Rest period following the above</td>
</tr>
<tr>
<td>22.00-07.00</td>
<td>Encourage regular sleep pattern – please do not disturb A unless necessary</td>
</tr>
</tbody>
</table>
Plans for the Future

- Secured Band 6 OT post
- OT promotion on critical care wards
- MDT working – Physio, SALT, Dieticians, Liaison Psychiatry
- Supporting patient’s transition between critical care and other wards/hospitals
- Reduce delays in patient transfer or discharge
- OT 7 day service for critical care patients
- Develop links with established OT services
References


Thank you

• Any questions?