South Tees Hospitals NHS
NHS Foundation Trust

What can Occupational Therapy offer in Critical Care?

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together we do the amazing

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

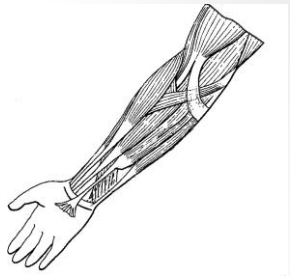
Functional assessments and interventions

- 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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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**
2-4pm	Therapy/Staff led Stimulation	Therapy/Staff led Stimulation	Therapy/Staff led Stimulation	Therapy/Staff led Stimulation	Therapy/Staff led Stimulation	Therapy/Staff led Stimulation	**Therapy/Staff led Stimulation**
5-7pm	**Bedrest**	**Bedrest**	**Bedrest**	**Bedrest**	**Bedrest**	**Bedrest**	**Bed rest** **A's mum gives her a manicure and facial**

Daily Care Plan

07.00-08.00	Staff handover – A to wear beats headphones
08.00-10.00	Medication Bolus feed Observations Bed bath – every day except Tuesday which is shower day.
10.00-11.00	Rest period – A to be in bed and wear Beats headphones
11.00-13.00	Family visiting – see timetable Bolus feed at 12.00
13.00-14.00	Rest period – A to be in bed and wear Beats headphones
14.00-16.00	Observations Medications Therapy/Staff led Stimulation – DVD/ music/ talking to A.
16.00-17.00	Bolus feed
17.00-19.00	Visiting – see timetable
19.00-20.00	Staff handover – A rest period, to wear beats headphones
20.00-22.00	Medication Bolus feed Rest period following the above
22.00-07.00	Encourage regular sleep pattern – please do not disturb A unless necessary

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

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Thank you

- Any questions?

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