Toronto abi Network

# ABI Rehab Resource Tool

This document is meant to serve as an additional method of communication between acute care facilities upon repatriation of patients with an ABI, and to provide suggestions that will help facilitate the transfer to an inpatient ABI rehabilitation program.
This document includes a checklist (based on admission criteria for inpatient ABI rehab) and the following resources: *Rancho Los Amigos Scale* and *Tips for Managing Challenging Behaviours in Inpatient Settings*.

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The checklist below indicates any outstanding items that need to achieved (unchecked boxes) for admission to **Regular Stream**† inpatient ABI rehabilitation.

- ☐ Medically Stable/No Acute Medical Issues:
  - ☐ No ventilators
  - ☐ No acute psychiatric issues
  - ☐ No trach (exceptions may be made on case by case basis, please contact the ABI Network)
  - ☐ No restraints (1 to 1, physical or chemical for the past 48 hours)
  - ☐ No exit-seeking.
- ☐ Rehab Ready
  - ☐ Tolerance: 2 – 3 therapy sessions per day for 45 – 60 minutes each session, 5-6 days per week
  - ☐ Demonstrates daily motivation
  - ☐ Cognitively able to participate and progress in rehabilitation
    - ☐ Follows one to two step commands
    - ☐ Demonstrates potential for improvement (i.e. carryover of new learning)
    - ☐ Demonstrates sustained attention
    - ☐ Oriented x 2 (person & place – e.g. "hospital", not necessarily the name)
    - ☐ Demonstrates some insight into reason for admission and deficits
    - ☐ Rancho Level 5 or higher on the Rancho Los Amigos Scale
  - ☐ Team can identify rehabilitation goals
- ☐ Discharge Destination Discussion
  - ☐ Discharge location in place
  - ☐ Support and resources at home discussed
  - ☐ Expectations from rehab discussed (patient's expectations and rehab program's expectations)
  - ☐ Consent obtained
- ☐ ***Early Referral Notification*** form submitted to the ABI Network *

† For information on Slow Stream rehabilitation or information on how to connect with your local ABI Provincial Navigator, please contact the ABI Network at 416-597-3057.

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**Please make sure to submit an Early Referral Notification form when it is determined by the team that a patient will likely benefit from inpatient rehabilitation but the patient is not yet rehab ready. For more information or to download the form, visit http://www.abinetwork.ca/inpatient-forms*

# *Rancho Los Amigos Scale*

Health care teams use the Rancho Los Amigos Scale to describe a person's recovery from a brain injury. The scale is named after the hospital in the United States where it was created. Each level describes general patterns of response; however, it is important to note that each person will recover differently. People with brain injury:

- may not pass through all levels
- may skip levels
- may never be at the lower levels—or may never reach the upper levels
- do not usually move quickly and clearly from one level to another. They may be in more than one level at the same time.

**Level I. No Response:** Person appears to be in a deep sleep and is unresponsive to stimuli.

**Level II. Generalized Response:** Person reacts inconsistently and non-purposefully to stimuli in a nonspecific manner. Reflexes are limited and often the same, regardless of stimuli presented.

**Level III. Localized Response:** Person's responses are specific but inconsistent, and are directly related to the type of stimulus presented, such as turning head toward a sound or focusing on a presented object. The individual may follow simple commands in an inconsistent and delayed manner.

**Level IV. Confused-Agitated:** Person is in a heightened state of activity and severely confused, disoriented, and unaware of present events. Behaviour is frequently bizarre and inappropriate to the immediate environment. She/he is unable to perform self-care. If not physically disabled, the person may perform automatic motor activities such as sitting, reaching and walking as part of this agitated state, but not necessarily as a purposeful act.

**Level V. Confused-Inappropriate, Non-Agitated:** Person appears alert and responds to simple commands. More complex commands, however, produce responses that are non-purposeful and random. The person may show some agitated behaviour, but it is in response to external stimuli rather than internal confusion. Is highly distractible and generally has difficulty in learning new information. Can manage self-care activities with assistance. The person's memory is impaired and verbalization is often inappropriate.

**Level VI. Confused-Appropriate:** Person shows goal-directed behaviour, but relies on cueing for direction. Can relearn old skills such as activities of daily living, but memory problems interfere with new learning. She/he has a beginning awareness of self and others.

**Level VII. Automatic-Appropriate:** Person goes through daily routine automatically, but is robot-like with appropriate behaviour and minimal confusion. Has shallow recall of activities, and superficial awareness of, but lack of insight into, his/her condition. Person requires at least minimal supervision because judgment, problem solving, and planning skills are impaired.

**Level VIII. Purposeful-Appropriate:** Person is alert and oriented, and is able to recall and integrate past and recent events. Can learn new activities and continue in home and living skills, though deficits in stress tolerance, judgment, abstract reasoning, social, emotional, and intellectual capacities may persist.

*Original Scale co-authored by Chris Hagen, Ph.D., Danese Malkmus, M.A., Patricia Durham, M.A. Communication Disorders Service, Rancho Los Amigos Hospital, 1972.*

# *Managing Challenging Behaviours*

These are some suggestions to help with the management of challenging behaviours in inpatient settings. If challenging behaviour continues, please request a consultation for psychiatry and for West Park Healthcare, Acquired Brain Injury Behaviour Services Outreach, through the Toronto ABI Network.

1. Provide a quiet environment for communicating important information/resting.
2. Limit the number of visitors to 1 or 2 at a time
3. Avoid invading the patient's personal space. If you must get in their personal space to provide care, tell them what you are doing, why you are doing it, and how you are doing it, step-by-step as you do it.
4. Have a set routine and consistent expectations. Post these where the patient can see them. Include leisure options as well as expected tasks.
5. Give reminders that a task is going to begin shortly
6. Meet the patient's need for attention and requests for information. Record information in one specific location, and refer them back to where it is recorded often.
7. Give the patient attention when engaged in positive behaviours that are incompatible with the negative behaviours
8. Team members should decide how to respond to recurrent concerns, and then ALL team members should respond in the same way
9. Teach patient how to communicate anxiety/anger
10. Talk slowly, use simple sentences/vocabulary; be concrete; check for understanding; use a low pitched tone
11. Avoid criticizing and/or judging
12. Watch non-verbal cues
13. Offer patient either/or choices (e.g. "We are going to help you with your shower, do you want to wash your hair or your body first?")
14. Add visual supports
15. Redirect by changing the patient's focus or engaging the patient in another activity with you.
16. Have a plan to maximize patient's feelings of safety and security
17. Give the patient opportunities to engage in activities that they find soothe them that can be done in a hospital setting (music, painting, and fresh air). Ask them what these activities are.

*The list above was developed by Nathalie Brown (Behaviour Therapist, Toronto Rehab-UHN) and Dr. Gary Gerber (ABI Behaviour Services, West Park Healthcare Centre).*