



CARING FOR THE COMPLEX TBI PATIENT: FEELING EMPOWERED TO BE THE VOICE OF YOUR PATIENT

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Objectives

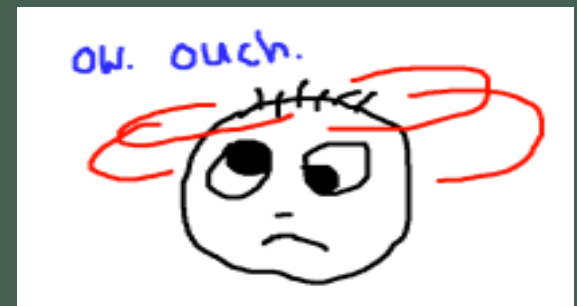
Upon completion of this activity, the participants will be able to:

- Interpret relevant medical information needed to provide comprehensive nursing care to an individual with a traumatic brain injury
- Formulate key information for timely communication with team members
- Advocate for their patient to ensure quality care delivery

Traumatic Brain Injury

- Alteration in brain function or other brain pathology, caused by external force
- May produce altered levels of consciousness, changes in cognition/behavior and physical limitations
- Severity ranges from mild to severe
- Result: long-term or short-term problems with independent function

BIAA 2014



Everyone is
at risk for
TBI!

**TBI= serious
public health
problem!**

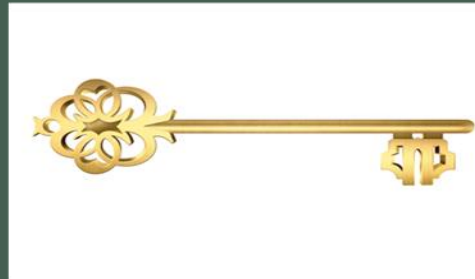


3 Keys to the Kingdom

COMMUNICATION



ASSESSMENT



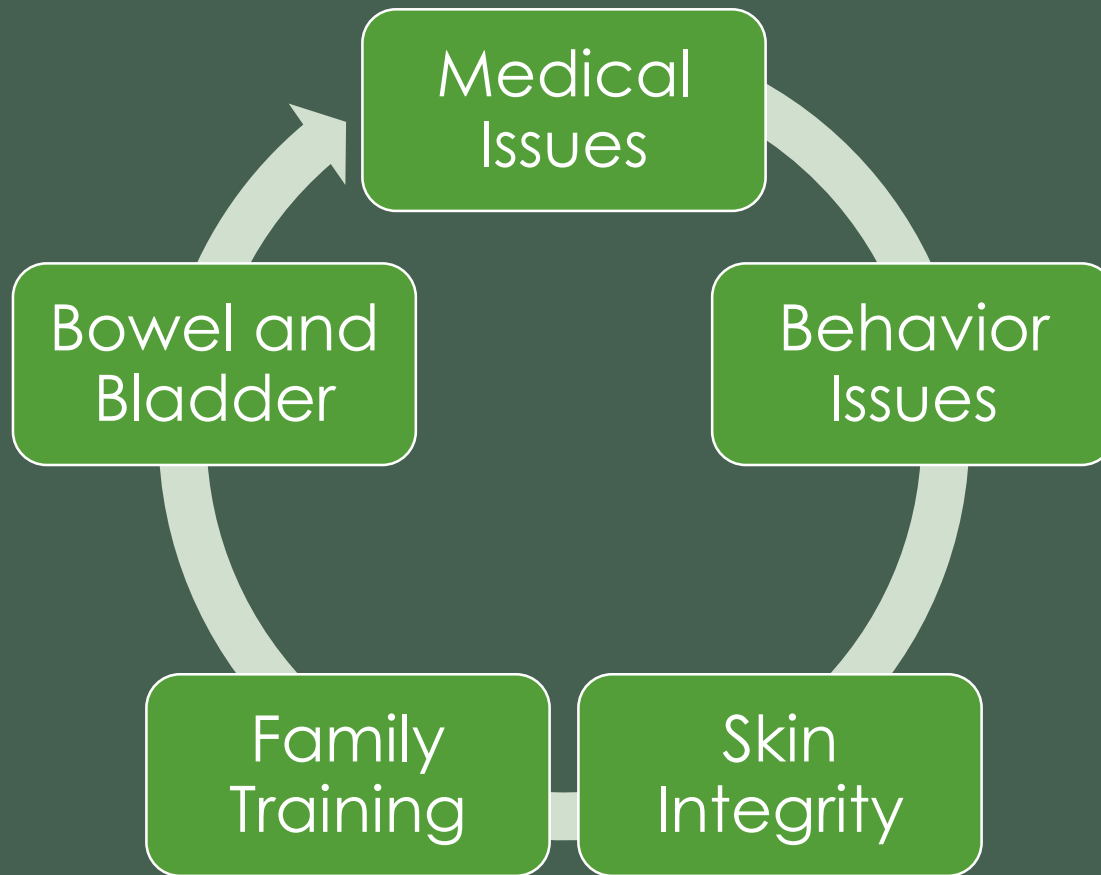
ADVOCACY



Assessment

- Hand off info = sneak preview
- Assessment: Neuro, cardio-vascular, respiratory, nutrition, skin, bowel and bladder, safety, education,, psycho-social
- Know your patient!
- Know your families!
- **TBI is a catastrophic event for the family system**

Focus of Care- Know it!



ADVOCACY

You are the eyes, ears and therefore the VOICE of ALL things related to the patient. Other disciplines only see the patient for a few hours and in some cases, only a few minutes. We have the right...and obligation to speak up for our patients.



Case example: Janai's Story

- ❖ 17 year old, very active, healthy high school student in honors classes
- ❖ Lives in the suburbs with parents and sister
- ❖ Interests: Religious activities, sports, ballet, tap, hip hop
- ❖ Accepted at Drexel University for Marketing/Business



JANAI'S STORY



- ❖ Leaves school sick and arrives home sleepy, and has rapid speech. **“I want my joy back”**
- ❖ Begins crying, crawling on floor and hallucinating
- ❖ Went to **hospital crisis center:**
 - ❖ Suicide watch, CT and W/U neg
 - ❖ Ativan given~ possible psychotic episode
- ❖ Went to **in-patient psych facility:**
 - ❖ **“It was a nightmare there”**
 - ❖ Janai calm~ staff thought possible panic attack



JANAI'S STORY

- ❖ Went to **Crisis Center**
 - ❖ Psych doc “This is medical, not mental”
- ❖ Went to large **urban children's hospital**
 - ❖ Psych doc stated “this is a psychotic episode. She needs a psych facility. You are in denial”
- ❖ Mother threatened legal action and Janai reluctantly admitted



JANAI'S STORY



- ❖ Janai admitted to neuro floor. Had 1st seizure one hour later. Blood work, EKG, EEG all negative except spinal tap showed \uparrow WBC's.
- ❖ Her Pediatric Medicine attending suspected **anti-NMDA receptor encephalitis**.
- ❖ Consulted Dr. Josep Dalmau, who was in Spain. All records and results faxed to him
- ❖ Janai had her official diagnosis of **anti-NMDA receptor encephalitis** within 1 week of symptoms

ANTI-NMDA RECEPTOR ENCEPHALITIS

- ❖ Newly characterized syndrome first identified in 2007 ...”where antibodies form in response to possible stimuli (tumor, infection) and cross-react with synaptic proteins: most commonly the N-methyl-D-aspartate receptor (Peery, 2012)
- ❖ Patients can present with: fever, fatigue, disorientation, confusion, paranoia, hallucinations, mania, personality changes, acting “possessed”, catatonia, seizures.

JANAI'S STORY

- ❖ IVIG and high dose steroids started
- ❖ Seizures x3~ moved to PICU. Anti-seizure meds started
- ❖ Moved to Neuro floor~ Neurology, infectious disease, Psych following
- ❖ PT started. Outbursts worse, not eating, on 1:1
- ❖ Finally medically stable and rehab suggested for cognitive issues.
- ❖ “You could provide private room, that’s one reason we chose you”
- ❖ Admitted 2/19/13 to acute rehab

JANAI – STAFF REACTIONS

- ❖ “She looked possessed, scared and like she wanted to kill you”
- ❖ “Janai looked like a time bomb”
- ❖ “Skittish colt~ ready to bolt”
- ❖ “Typical teenager”
- ❖ “She was crazy”
- ❖ “Flat, childlike”



JANAI- CHALLENGES WITH CARE DELIVERY

- ❖ Very present mother
- ❖ Exhibited “frontal” like symptoms and behaviors would come out of nowhere~ hitting staff, bolting from therapy, taking food from people, seeking food everywhere
- ❖ Had to leave rehab hospital to go to children's hospital for IV treatment “**I am afraid she will jump out of the van and run down the highway.**”
(Clinical Manager)

NURSING PLAN OF CARE

- ❖ Frequent meetings with attending, managers, nursing and neuro-psych to develop /tweak behavior plan
- ❖ Incorporated the Mom into the treatment team
- ❖ Frequent mass communications to all team members about emerging behaviors and how to handle
- ❖ Food seeking behavior most challenging:
- ❖ **“She was seeking food like it was a drug”**



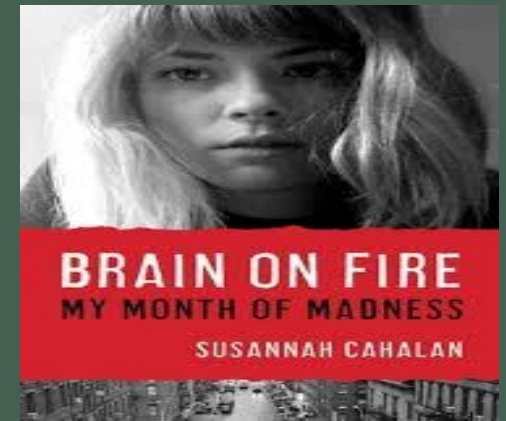
WHERE ARE THEY NOW?

- ❖ Janai discharged to home with family 4/18/13
- ❖ She remembers nothing
- ❖ Receive outpatient therapy for 7 months
- ❖ Graduated high school and attending Drexel University
- ❖ Attended her Prom
- ❖ In “remission” and continues to be followed by neurology

JANAI – LOOKING BACK

- ❖ Educate yourself about rare diagnoses such as anti-NMDA RE. Review articles/resources before admission if possible.
- ❖ Listen to caregivers who understand and care about the patient. They are often an ‘expert’ in ways to provide comfort and care to the patient.

LESSONS
LEARNED





STANLEY'S STORY

- ❖ 62 year old husband and father of two grown children
- ❖ Family man who adored his wife and kids
- ❖ Very successful professional photographer~ worked in NY





STANLEY'S STORY

- ❖ Stanley presented to acute hospital on 12/2/13. While doing yard work he sustained electrocution injury from a live wire
- ❖ Sustained 3rd degree electrical burns to bilateral hands
- ❖ Had confusion after event~ went to OR~ hypoxia~ anoxic BI with min~mod cog deficits
- ❖ Amputation of left 3rd, 4th and 5th digits left hand
- ❖ Had multiple B/L hand surgeries and debridement
- ❖ Severely traumatized, PTSD, Pain issues, anxiety, agitation
- ❖ HX CAD, HTN, heart attack, diverticulitis, depression
- ❖ Admitted to acute rehab on 1/31/14

STANLEY – STAFF REACTIONS

- ❖ “I was horrified when I first saw his wounds”
- ❖ “Oh my God, that poor man!”
- ❖ “I felt so sad”



STANLEY – CHALLENGES WITH CARE DELIVERY

- ❖ In acute hospital had agitation, delirium, depression, hallucinations
- ❖ Huge anxiety, anticipation of pain
- ❖ NO memory
- ❖ Long dressing changes
- ❖ Nurse felt anxious also
- ❖ Methadone toxic~Given Narcan...transferred to unit
- ❖ Developed C-Diff
- ❖ In acute~ anxiety came back



NURSING PLAN OF CARE



Reduction of anxiety



Pain control



Wound care



Comfort, Compassion



Education



WHERE ARE THEY NOW?

- ❖ DC home with family 3/4/14~ wife gave up her job
- ❖ C~Diff issues
- ❖ Ambulating
- ❖ Partial right hand amputation~ all wounds healed
- ❖ Home therapy and then outpatient. Continues with neuro~psych 1x/week
- ❖ “Brain injury related deficits emerging as we speak, some things get better...some things get worse. Every day we ride the Stan Rollercoaster”
- ❖ We were to fit our old reality into our new reality. That didn't work. We had to let go of the past”

STANLEY – LOOKING BACK

- ❖ Take the time to develop a care regimen that will be appropriate and address the patient's *physical and emotional* needs.
- ❖ Prepare staff for the *emotional and physical* strain of providing care to a patient with this secondary diagnosis.
- ❖ Make the daily effort to communicate with staff in order to ensure consistency and reassurance to the patient.



LESSONS
LEARNED

SIGNIFICANCE

These case studies helped us identify specific practices that we try to incorporate with new and complex admissions to the TBI unit:

1. Look to the family for information that will help
2. Take the time to customize a care plan that both the patient and staff can implement
3. Be aware of the non-TBI behaviors that can complicate the patient's presentation

Thank you!

The image features the words "Thank you!" written in a vibrant, hand-drawn style. The letters are thick and outlined in black, with various colors and patterns. The word "Thank" is on the top line, and "you!" is on the bottom line. The letters are decorated with patterns like zig-zags, wavy lines, and dots. There are several flowers: a large pink one with a yellow center, a blue one with a purple center, and a smaller blue one. A blue teardrop shape is also present.