

Recovery and Early Rehabilitation

Brain Injury Support in Northern Ireland

This leaflet is part of the series:
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It is natural for relatives of a brain injured person to want to know as early as possible what the outcome is likely to be. This can be very difficult to determine, particularly in the early stages, as they emerge from unconsciousness. Outcome will also depend on the severity of the brain injury. The importance of early rehabilitation therefore cannot be underestimated.

Early Rehabilitation

A core group of medical and nursing staff, known as the Multi Disciplinary Team (MDT) will assess your relative and plan rehabilitation to help them to recover. The rehabilitation programme will start even before patients emerge from unconsciousness and will continue in the acute hospital environment and on transfer to a specialist rehabilitation unit and beyond.

Who are the professionals?

Nurses are trained in all aspects of general health care and will help with dressing, washing, feeding and toileting. Within Rehabilitation Units they will also have specialist skills. The usual structure is of a Ward Manager, Deputy Ward Managers and trained staff nurses supported by health care assistants. The nursing staff will carry through nursing rehabilitation to ward level.

Physiotherapists will work with your relative to prevent complications arising like chest infection, pressure sores or stiffness and muscle contractures in the arms and legs. Exercises can be carried out to strengthen the muscles and to improve coordination.

An Occupational Therapist (OT) will assess and help with any problems with daily living tasks such as washing and dressing. OTs will also be able to make assessments of your relative's cognitive abilities such as memory, concentration and problem solving and will devise specific activities to help.

Speech and Language Therapists (SLTs) assess and treat patients for swallowing difficulties and decide if the patient is able to start eating and drinking. If this is a problem, a Dietitian will make sure the patient is properly nourished.

Sometimes this may involve having a **Percutaneous Endoscopic Gastrostomy (PEG)** tube fitted. Management of nutrition will involve dietitians working in close conjunction with the SLT and nursing staff.

An SLT will also assess if the brain injury has affected language and communication skills and will be able to help your relative to communicate.

Social Worker

Social Workers are skilled in helping families through their counselling role. They are also able to provide information about benefits, accommodation and transport. If there has been no contact with a Social Worker in hospital ask for an appointment to see one.

A **Clinical Neuropsychologist** will carry out specialised assessments of cognitive abilities, emotion and behaviour. A **Neuropsychiatrist** will be involved with any mental health issues that may arise.

Rehabilitation Medicine doctors will be involved in assessment of your relative for medical problems associated with brain injury and to decide upon transfer to a specialist rehabilitation unit.

Taking Care of Yourself and the Family

Whilst your relative is in hospital, it is important that you take regular rest, don't skip meals and don't neglect your life outside of the hospital. Don't stay at the hospital all day – it doesn't help you or your relative. They need to balance therapy and rest, and you need time to yourself to keep the rest of your life on track. For lots of reasons it can be difficult to leave your relative, so talk to the staff about managing this.

Children

Children may have particular problems understanding and coping with the effects of a family member's brain injury. They may blame themselves and may express their emotions through difficult behaviour. It is important to remember that they are not trying to make life harder, but just trying to cope with the situation.

Wider Network of Family and Friends

This can be exhausting and distressing. Try to organise one or two people to be the point of contact for the other family members and friends. Although people are keen to visit, too many visitors can be tiring for the patient.

Things to do during recovery and early rehabilitation:

For your relative

- Tell the staff if the patient normally wears glasses or a hearing aid
- Don't worry about strange or bizarre behaviours – ask staff about this if you are particularly concerned
- Don't correct them too much as this can be frustrating
- Familiar faces can be helpful – keep it to one or two at a time
- Keep the environment restful – too much TV or radio can over stimulate them
- You may need to repeat things for your relative several times
- If you feel your relative needs more supervision talk to the staff
- Advise the staff if you would like to be involved in your relative's care
- Ask the therapists what activities fit in with therapy
- Only offer food and drink following advice from staff
- Ask for updates

For yourself

- Take time out for a break - being very tired makes coping more difficult
- Accept help and support from professionals, friends and family
- Don't neglect essentials such as paying bills and looking after the home
- Establishing a regular routine including breaks and meals, can be helpful for you and the family
- Children may be particularly upset so encourage them to share their concerns with you or another trusted adult
- Start a diary of treatment and recovery and encourage family and visitors to add to it
- Consider returning to work, possibly part time, in order to maintain a sense of normality and to manage financial commitments

Telling people

There are a lot of people who need to be told about the situation including:

- Your relatives - keep them informed and involved
- Teachers at your children's school
- Employers - both you and your relative's
- Insurance firms, check your policy to see if you are covered for loss of earnings, mortgage or critical illness
- Your GP