**Prolonged Disorder of Consciousness – Expectations of Admission for Assessment. Introduction:**

As a result of a significant brain injury, some people may experience a disorder of consciousness meaning they have periods of sleep and wakefulness, but may not be aware of, or able to respond to, what is happening in their surroundings. If this lasts for more than four weeks, the term *Prolonged* *Disorder of Consciousness* (PDOC) is used.

People in PDOC have differing levels of awareness.

Where patients only show reflexive responses (e.g. startle to a loud noise, moving in response to pain) they are deemed to be in a *Vegetative State* (VS).

Where patients are able to demonstrate some awareness of their surroundings (e.g. reaching for objects, turning towards sounds, following moving people with their eyes) they are deemed to be in a *Minimally Conscious State* (MCS)

**Units**

Across the Midlands there are six specialist neurorehabilitation units that offer assessment of people suspected to be in a prolonged disorder of consciousness.

Acute Rehabilitation Trauma Unit (ARTU)

* Located at Royal Stoke University Hospital

Ashby Ward

* Located at Lincoln County Hospital

Brain Injury Unit (BIU)

* Located at Leicester General Hospital

Broadfield

* Located at Haywood Hospital

Central England Rehabilitation Unit (CERU)

* Located at Leamington Hospital

Inpatient Neurological Rehabilitation Unit (INRU)

* Located at Moseley Hall Hospital in Birmingham

**Purpose of PDOC Admission**

A person/patient in a prolonged disorder of consciousness is admitted to specialised neurorehabilitation unit for a period of assessment.

The aim of the admission is a comprehensive assessment of your relatives’/friends’

* level of awareness
* ability to communicate
* long-term care needs
* discharge destination planning

This process often takes between 2-3 months after which your relative/friend will usually be transferred to another setting.

**What is Covered in the Assessment:**

The assessment process evaluates your relative / friends' responses to different types of stimuli such as to touch, sound, and vision. Observations of potential emotional and communicative responses are recorded throughout the assessment process.

Observations by family and friends also provide valuable information for the assessment.

At different stages in the assessment process the findings and conclusions will be shared with you/family.

**What can Family and Friends do to help:**

Family and friends have an important role in supporting the team to help your relative / friend to achieve a balance between rest and stimulation.

Relatives/ Friends can contribute to the assessment by brining in photos, personal items that could be used by the team in the assessment.

The team will encourage relatives and friends to share their observations of behaviours and responses to support the gathering of information for the assessment. You may be invited to join an assessment session with the MDT.

The team may talk to you about planning visiting times to ensure your relative/friend is not overstimulated and fatigued.

Reducing stimulation can improve the quality of rest periods. You can help by dimming lights, minimising noise, closing the door/curtains where appropriate and making sure they are comfortable.

**Resources** [**https://cdoc.org.uk/publications/resources-for-families-and-practitioners/**](https://cdoc.org.uk/publications/resources-for-families-and-practitioners/)

**Decision Making and Best Interest**

Several decisions may need to be made about care and treatment. These may include treatment for possible pain or discomfort, resuscitation, use of antibiotics, use of tube feeding, or transition to long-term care facilities.

Whilst a person is in PDOC they are deemed unable to make decisions about their care. Under the Mental Capacity Act, this means that decisions need to be made in the person’s ‘Best Interests’. The purpose of Best Interests decisions is to consider matters from the patient’s point of view. All available information is collected to make a decision in the Best Interests of the person, including:

* What the individual would have wanted in this situation; considering their values and beliefs
* What treatment options are available
* The possible and probable outcomes of these interventions; including risks and benefits
* Which treatment options are deemed to be least restrictive

Whilst relatives, friends and family members are encouraged to contribute towards Best Interests decisions, they do not have sole power to make treatment or care decisions, without appropriate pre-existing legal frameworks.

**Assessment Outcomes**

The assessment will help us to establish if your relative / friend is consciously aware of the environment around them. This is important for three key reasons:

1.It will confirm if your relative/ friend is in a PDOC state and provide a diagnosis at what level; Vegetive State or Minimally Conscious State.

2.It will aim to establish whether your relative has the ability or potential to express their needs

3.it will inform decisions regarding the continuation of clinically assisted nutrition and hydration

**The Multidisciplinary Team (MDT)**

The multidisciplinary team (MDT) has expertise in assessment of disorders of consciousness and work together to develop plans to meet your relative’s / friend’s needs.

We would suggest you appoint a ‘Family Link’. This family member can liaise with the team to ensure easy and consistent flow of information.

The MDT involves: Consultant in Rehabilitation Medicine, Nursing team, Healthcare Assistants, Physiotherapy, Occupational Therapy, Speech and Language Therapist, Dieticians, Clinical Neuro/ Psychology, Admission and Discharge Coordinators, Therapy Assistants, Social Workers, Palliative Care, External Agencies.