

Dakota Alpha

And

Brain Injury
Education



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Introduction

Family members often say, “no one understands” what it is like having a family member with a brain injury. Shock, fright and bewilderment are common reactions during the medical and emotional crisis of brain injury.

This material was put together in an effort to provide information and encouragement to the resident, families and caregivers who provide support and services to individuals with brain injuries and other cognitive disabilities.

Philosophy and Goals

At Dakota Alpha we believe in a person-centered approach, simply stated that: “every human being has something of value to contribute and deserves to be treated with dignity and respect, regardless of age or cognitive ability.”

We create a positive environment with control and choice in which the resident develops goals that help the resident gain confidence to master his/her own life. We expect that the resident will experience pitfalls, surprises and successes during the course of daily life.

General Program Information

Drug, Alcohol and Tobacco Free Policy

The use of alcohol or illicit drugs, whether in or out of the facility; is prohibited during the time you are a resident at Dakota Alpha. We will investigate programs and assist you in arranging alcohol or drug treatment if a professional evaluation deems it necessary. If you do consume alcohol or use illicit drugs while a resident at the facility, you will need to meet with the Admissions Committee to discuss further participation in our program. To get the most benefit from your therapies you need to be drug and alcohol free.

Dakota Alpha is tobacco free. The use of smoking or chewing tobacco in the facility or on the facility grounds is prohibited. When visiting Dakota Alpha, visitors are asked not to dispose of their cigarette butts in the parking lot or on the sidewalks. Please use the ashtrays in your vehicle.

Visiting Hours

Dakota Alpha’s doors will be locked after 11 p.m. every evening to ensure safety in the facility. No visitors are allowed after 11 p.m. or before 7:30 a.m. unless arrangements have been made. We ask that family and friends limit visits during therapy times as this can be very distracting. Prior arrangements can be made with therapies for training purposes and/or to observe the resident in therapy.

Mealtimes

Times may vary due to activities or special events.

Breakfast: 8 a.m. – 9 a.m. Lunch: Noon – 1 p.m. Supper: 5 p.m. – 6 p.m.

You may have guest(s) eat meals with you on occasion. The dietary department should be notified 4 hours in advance to ensure enough food is prepared. Guest(s) should pay for their meal at the time of the meal. Guest(s) may bring food in for the resident to eat, however, leftovers cannot be stored in Dakota Alpha's refrigerators due to health regulations.

Pet Policy

Pets and other animals participating in facility sponsored activities/therapy/recreation programs shall be restricted in order to prevent the spread of microorganisms/infection resulting from contact with animals. Visits by pets owned by residents or family members of residents will be considered individually and must be strictly supervised at all times by whoever brings the pet to the facility.

1. The Administrator has the authority to allow or prohibit animal visitation in the facility.
2. All animals entering the facility must be in good health and have proof of vaccination for animal-borne diseases and negative tests for enteric parasites.
3. All personnel and residents will minimize contact with animal saliva, dander, urine and feces.
4. Employees, residents and families will practice hand hygiene after contact with animals.
5. Non-human primates and reptiles will not be allowed in the facility.
6. Animals may not come into contact with any resident who does not give verbal permission for such contact.
7. Animals must be attended while on the premises. The person who brings the animal(s) to the facility or other designated individual must accompany animal(s) at all times. Large animals must be on a leash and/or restricted by the owner or handler.
8. Animals are not allowed in food preparation areas, treatment areas or the dining room.
9. Equipment that has been in substantial contact with animals must be cleaned and disinfected before reuse.

Admission

Arrangements will be made for admission upon completion of the screening process and upon approval from the Admissions Committee.

What to expect upon admission:

1. *Physician Visits:* You will need to meet with our medical director or a primary care physician of your choosing (one that is willing to come to Dakota Alpha) for the required visitations within 48 hours of admission unless otherwise noted. Per state regulations you will need to meet with this physician every 30 days for the first three months then every 60 days thereafter. This process will be repeated with every overnight hospital stay.

2. *Social Services:* The social worker will meet with you and your family member(s) to go over the contract for admission. You will be presented with a lot of information and given a copy for you to review at your convenience. The social worker will orientate you to the facility, staff and routine of the facility.
3. *Nursing:* Upon admission you will have a physical assessment done by one of the nurses. This will provide a baseline for your nursing care and highlight areas that need addressing.
 - A two step admission PPD injection will be given and the resident will be asked if they have received or if they would like to receive the pneumovax and flu vaccine (Oct – Mar). Nursing staff will educate and provide written material to the resident and their family on the pneumovax and flu vaccine.
 - The CNA will inventory all of the items that you bring and you will be asked to sign the inventory. Whenever you bring items to the facility, take items home or throw items away please let the nursing staff know so they can keep your inventory up to date.
 - Medications are administered from the health station. Please go to the health station for your medications at your med times. If you forget we will remind you.
 - You will be assessed for the appropriateness of a self medication program before your discharge. The charge nurse will work with you on recognizing your medication name, dose, times of administration, reason you are taking the medication and any side effects to look out for. You will then set your medication up in a weekly medi-planner under the direction of the nurse. You will also order your medications from the pharmacy if you will be in charge of your medication upon discharge from Alpha.
 - All medical appointments will be managed through the nursing department due to insurance and Medicaid regulations. Referrals will be made to area specialists and the therapists will be consulted when appropriate. If a family member is planning on transporting you to an appointment please communicate that with the nursing staff.
4. *Dietary:* Upon admission the dietary manager will meet with you to review your prescribed diet and complete an assessment of your likes and dislikes.
 - Weights will be obtained on admission, every Wednesday prior to breakfast, upon discharge and as otherwise indicated.
 - The dietician reviews all charts monthly.
5. *Occupational Therapy (OT):* An admission assessment will be done within 48 hours of admission or on Monday if admitted late on Friday. A copy of your therapy schedule will be given to you as soon as possible and will be posted on the therapy board in the hallway.
6. *Physical Therapy (PT):* An admission assessment will be done within 48 hours of admission or on Monday if admitted late on Friday. A copy of your therapy schedule will be given to you as soon as possible and will be posted on the therapy board in the hallway.

7. *Speech Therapy:* An admission assessment will be done within 48 hours of admission or on Monday if admitted late on Friday. A copy of your therapy schedule will be given to you as soon as possible and will be posted on the therapy board in the hallway. The speech therapist will evaluate you during mealtime and make recommendations if you have swallowing issues.
8. *Activities:* An admission assessment will be done within 48 hours of admission or on Monday if admitted late on Friday. You will be given a monthly activity calendar in which you can participate in as many activities as you wish. There is an additional “Fun” calendar on the wall across from the pop machines that lists birthdays and special events within the facility and/or the community. The activities therapist will also work on individual projects with you or set you up with materials for you to work on projects in your free time. The facility has a pool table, foosball table, Wii games, Rockband, board games, yard games, gardening opportunities and exercise equipment etc. available for resident use. We encourage residents to participate in a variety of activities to practice their social skills and keep their mind and body active.
9. *Care Conferences:* The resident, any family and/or friends the resident wishes to have present and the care plan team will meet approximately one month after admission and every quarter to review the resident’s goals, dietary status, medical status, therapy status and discharge plans.

Flu Season Protocol

Each flu season has the potential to inflict a hardship on our community, facility, residents and staff. The following protocol will be implemented.

Community Involvement:

The influenza virus usually hits a community in waves throughout the season. Dakota Alpha reserves the right to limit community activities/involvement when our community is affected by a wave of influenza whether it is seasonal or H1N1 in nature.

Visitors:

Dakota Alpha reserves the right to limit visitors to the facility when 20% or more of our resident population is actively infected with the influenza virus until such time as it is deemed safe for visitors to enter our facility. Families will be notified and signage will be posted in the main entry. Please follow these restrictions for your well being, that of the residents and that of the staff.

A respiratory station will be set up in the 27th Street entry during the flu season. The respiratory station consists of hand sanitizer, masks and Kleenex. Visitors will be directed by Alpha staff to wear a mask if they are noted to be coughing and are not wearing a mask.

Visitors should not come to Dakota Alpha if they suspect that they may be sick or are actively sick.

Family and friends that have any questions in regard to the above protocol should contact the nursing staff for further recommendations.

Residents:

- All residents will be offered the seasonal flu vaccine and the H1N1 vaccine if it is not combined.
- All residents will be educated and assisted throughout the year but especially throughout the flu season with proper hand washing technique, hand sanitizer use, respiratory etiquette, social distancing (6 feet), limit the touching of face, mouth and eyes and surface cleaning.
- Assistance should be given to residents or provided for residents in cleaning of the sink, toilets, wheelchairs, door knobs and light switches.
- Residents should be encouraged to use the hand sanitizing wipes provided to them at their tables before and after their meals and whenever they have sneezed or coughed.
- A resident suspected of having active influenza whether seasonal or H1N1 in nature will be placed in isolation. A resident with the following symptoms will be placed in isolation: a temp of 100 degrees or higher **and** accompanied by upper respiratory tract symptoms (cough, sore throat, rhinorrhea, shortness of breath). Other flu symptoms include: chills, headache, body aches, fatigue, vomiting and diarrhea.

Residents Placed in Isolation:

A resident will be placed in isolation for 7 days at the onset of symptoms or until symptoms have resolved, whichever is longer, when they present with a temperature of 100 degrees or higher **and** accompanied by upper respiratory tract symptoms (cough, sore throat, runny or stuffy nose, shortness of breath). When it is deemed necessary to place a resident in isolation the following steps will be implemented.

1. The nurse will notify the ADON, Dietary Manager, Occupational Therapist and the PCT of resident placement in isolation. The above listed staff will notify the rest of the staff.
2. Select a staff from each shift that will be responsible for caring for the resident in isolation. This will limit the exposure of the virus among the staff.
3. Set up the isolation signage directing visitors to stop by the nurses' station before entering that resident's room. Family will be notified and asked not to visit during this time.
4. Hang the isolation station on that resident's door. You may need to contact Maintenance to slide the metal from the over-the-door hanger under the door bracket.
5. The resident's door must remain closed as much as possible.
6. Place a garbage can outside that resident's door.
7. All items taken out of that resident's room must be bagged.
8. Dietary will provide room trays for residents in isolation. If a resident needs supervision during their meal that resident's assigned staff will need to monitor the meal. Nursing and dietary will need to work together on a time that works best for everyone. This may not be at the designated meal time, but should be close.

9. Activities will provide a therapy/activity box to help occupy the resident's time. The therapy/activity box will be geared to that resident's likes/needs and will contain washable or disposable items.

Staff:

Several of the HIT EXPECTATIONS will be expected of staff during each flu season: Ensure Quality Service, Respect Others, Being a Contributing Team Member, Be Professional, Be on Time, Take Ownership and Enjoy My Job and Have Fun. The integrity of the staff sets the quality of services our facility provides exceedingly high.

The flu season presents a few challenges to our small facility in terms of providing services, staffing and ingenuity. All staff will need to work together, extend our boundaries and work harder with less. That being said we are asking all staff that are sick to please stay home!

- Staff will be asked to stay home if they have a temperature of 100 degrees or higher and accompanied by upper respiratory tract symptoms (cough, sore throat, rhinorrhea, shortness of breath). Other flu symptoms include: chills, headache, body aches, fatigue, vomiting and diarrhea. *Staff will be asked to stay home until they are fever free for 24 hours without the use of fever reducing medications.*
- All disciplines will help provide coverage in each others' areas as needed. Resident care is the top priority.

Staff Responsibilities

All Staff:

- Assist residents with Kleenex use and disposal, hand washing, hand sanitizer and surface cleaning as needed.
- Practice good hand washing, use hand sanitizer, mask up when they have a cough, stay home when they are sick, limit touching of the face, mouth and eyes, practice social distancing and surface sanitizing as needed.
- Cross-train with other departments to assist with meal monitoring, cares, toileting and transfers.
- Staff will clean their phones and computer keyboards daily.
- Staff will stay home when they are sick.

Secretary:

- Direct visitors to mask up if they are noted to have a cough.

Housekeeping:

- Clean railings daily (Mon-Fri).
- Clean doorknobs, light switches, sinks and toilets daily (Mon-Fri).

- Fabric furniture will be professionally cleaned yearly at a minimum and more often if needed. Carpets will be professionally steam cleaned twice per year. Spot cleaning will be done as needed.

Therapies:

- Follow your equipment cleaning/sanitizing schedule. Increase use of spray disinfectant.
- Obtain PPE from nursing staff.
- OT to provide bristled nail cleaning blocks with suction cups for residents to improve hand sanitation.
- Adjustments to therapy schedules will have to be made for residents that contract the flu.

Dietary:

- Adjust seating arrangement for residents with chronic coughing to sit at a separate table.
- Provide room trays for residents in isolation.
- Provide help with monitoring residents during mealtime.

Nursing:

- Educate the residents. Information should include: vaccine information and availability, social distancing, good hand washing technique, hand sanitizer use, surface cleaning, respiratory etiquette, and to limit touching of face, mouth and eyes. This education will be ongoing throughout the flu season.
- Educate family on the importance of getting their seasonal and H1N1 vaccinations and on proper respiratory and hand washing etiquette.
- Report residents suspected of being ill to the nurse on duty.
- Implement isolation precautions and set up the isolation station and signage on the isolated resident's door. Contact dietary and therapies to alert them of the implementation of the precautions. When we have a person in isolation one staff will be assigned to take care of that resident to limit staff exposure.
- Assist residents with good hand hygiene and respiratory etiquette.
- Provide excellent hand/nail care. Keep nails cut short. Make sure nails are cleaned especially for residents that do not observe appropriate hand washing technique.
- Encourage use of antibacterial wipes before and after meals.
- Sanitize the toilet and sink after resident use.
- Limit sharing of food in public areas during the flu season.

Facility Responsibilities:

1. Educate staff, residents and families. Information should include: vaccine information and availability, surface cleaning, social distancing (6 feet), good hand washing technique, respiratory etiquette, limited touching of face, mouth and eyes, isolation practices and what you can do at home.

2. Post signage about the facility reminding people to cover their cough, wash their hands and use hand sanitizer. Several “health practices” posters are available to switch up over the flu season.
3. Encourage staff to get vaccinated. Provide staff with the seasonal flu vaccine and the H1N1 vaccine at no cost to them. Staff choosing not to be vaccinated will be provided with information on these vaccines and will be asked to sign a declination.
4. Provide PPE (Personal Protective Equipment) including: Kleenex, gloves, masks, gowns, eye protection, hand sanitizer, antibacterial wipes, disinfecting spray, and laundry bags. Dispensers containing hand sanitizer are conveniently located about the facility.
5. A respiratory station (with hand sanitizer, masks and Kleenex) has been set up in the main entry with signage instructing visitors to mask up if they have a cough.
6. The facility has purchased two isolation stations to hang on the doors of residents that are being isolated to their rooms due to the flu. Signage will be placed on the resident’s door asking visitors to check in with the nurse before entering the resident’s room.
7. Antibacterial wipes have been placed on all of the tables in the dining room, in all of the therapy areas, in the health station and at the secretary’s desk for resident and staff use.
8. Dakota Alpha reserves the right to restrict visitors into the facility should an outbreak of the flu affect 20% of our resident population.
9. Dakota Alpha reserves the right to limit community outings should an outbreak of the flu infect our community.
10. Staff will be given specific protocol on when they “**get**” to come to work and when they “**have**” to stay home.

Hand Washing/Hand Hygiene

This facility considers hand washing and hand hygiene the primary means of preventing the spread of infections. The following guidelines will be followed.

1. All staff shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of infections.
2. Hand hygiene products and supplies (sinks, soap, towels, alcohol based hand rubs, Epi-clenz wipes, etc.) shall be readily accessible and convenient for staff, residents and visitors use.
3. Residents, family members and /or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility.
4. Employees must wash their hands for fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions:
 - a) Before and after direct contact with residents
 - b) When hands are visibly dirty or soiled with blood or other body fluids
 - c) After contact with blood, body fluids, secretions, mucous membranes or non-intact skin
 - d) After removing gloves

- e) After handling items potentially contaminated with blood, body fluids, or secretions
 - f) Before eating and after using the restroom
 - g) When there is a likely exposure to spores like *C. difficile*. (Note: Alcohol based hand rubs are inactive against spores. For effective mechanical removal of spores, you need to wash your hands for 30-60 seconds with soap and water.)
5. In some situations, the preferred method of hand hygiene is with an alcohol based hand rub. If hands are **not** visibly soiled, use an alcohol based hand rub containing 60-95% ethanol or isopropanol for all of the following situations:
- a) Before donning sterile gloves
 - b) Before performing any non-surgical invasive procedure
 - c) Before preparing or handling medications
 - d) Before handling clean or soiled dressings, gauze pads, etc.
 - e) Before moving from a contaminated body site to a clean body site during resident care
 - f) After contact with resident's intact skin
 - g) After handling used dressings, contaminated equipment, etc.
 - h) After contact with objects (i.e. medical equipment) in the immediate vicinity of the resident
6. Hand hygiene is always the final step after removing and disposing of personal protective equipment.
7. The use of gloves does not replace hand washing/hand hygiene.
8. The wearing of artificial fingernails is strongly discouraged among staff members with direct resident care responsibilities and is prohibited among those caring for severely ill or immunocompromised residents.
9. Residents are taught good hand hygiene practices and encouraged to use them especially after using the restroom, after coughing, sneezing or blowing their nose and before and after mealtime.

The Care Plan Team

As family, you are one of the most important members of the health care team. It will be helpful for you to understand the responsibilities of each person on the team as they come into contact with your family member who has had a brain injury.

Similar to an acute care facility, the resident will be cared for by a team of professionals who specialize in the care of individuals with brain injuries.

Their goals are to:

1. Stabilize the medical and rehabilitation issues related to brain injury and the other injuries.
2. Prevent secondary complications. Complications could include pressure sores, pneumonia and contractures.
3. Restore lost functional abilities. Functional changes could include limited ability to dress, move, use the bathroom, talk, eat and think.
4. The staff will also provide adaptive devices or strategies to enhance functional independence.

5. The staff, family and resident will assess what changes might be required when the resident goes home to make that transition as successful as possible.

The **Physiatrist** is the team leader in the rehabilitation program. The physiatrist is a physician specializing in physical medicine and rehabilitation. Physiatrists treat a wide range of problems, including the physical and mental changes after brain injury. The physiatrist will assess, prescribe treatment and direct the team.

The **Neuropsychologist** is a key member of the rehabilitation team. The neuropsychologist will assess the resident's changes in thinking and behavior.

Many residents are unaware of the changes in the brain and how those changes affect their daily lives. A resident may not understand what has happened and may be distraught by being away from home. Through education and counseling, the neuropsychologist can help assure the resident and the resident's family.

The **Social Worker** will prepare the family emotionally and physically to face the ill or disabled resident. The social worker will assist the family in making plans for the duration of recovery, especially if the recovery progresses slowly. The social worker will encourage the family to consider role and responsibility changes while the resident is ill, including changes in finances and family support. The social worker will assist the family in discharge planning which includes finding community based services that will help to make the transition home as successful as possible. The social worker will assist the family in obtaining/sustaining payment for services and is the liaison in sending/receiving information from insurances, Medicaid and Medicare.

The **Nursing Staff** assists residents with brain injury and chronic illness in attaining maximum optimal health, and adapting to an altered lifestyle. The nursing staff provides care for the resident such as:

- Health maintenance
- Nutrition
- Impaired skin integrity which may lead to skin breakdown
- Bowel and bladder incontinence
- Impaired or limited ability to take care of self
- Sleep pattern disturbance
- Chronic pain
- Sexual dysfunction

The **Physical Therapist** works with the resident on exercises and activities that improve the resident's balance, flexibility, coordination and ambulation. They help build lower body strength as needed. They work on cardiovascular strength and endurance and they help you with any special equipment for standing, balancing or walking (such as a brace, crutch or walker).

With a brain injury, the PT's job is to minimize or overcome paralyzing effects related to the brain injury. Physical therapists are experts in the examination and treatment of musculoskeletal and neuromuscular problems that affect the abilities to move and function in daily life. They teach you how to hold your body in new ways to avoid pain, falls, balance problems or other challenges. A PT can teach you special exercises and strategies to help with your overall progress toward recovery and maximum independence.

Physical therapists help with transfers to and from the bed when a resident cannot walk alone. They train a person to begin to walk and move more normally. PT's may assess:

- Balance
- Posture
- Strength
- Need for a wheelchair, brace, cane, walker etc.
- Quality of movement
- Spontaneous movement
- Coordination of movement
- Increased sensation of sensory-motor activities
- Pain management
- Home assessments as applicable

The ***Occupational Therapist*** assesses functions and potential complications related to the movement of upper extremities (gross motor, fine motor, sensory deficits, range of motion), daily living skills, cognition, vision and perception. OT's work with the resident to find the best way to perform daily living skills including showering, dressing and personal hygiene. The OT will identify equipment needed for eating, dressing, bathing and grooming.

The OT also will look at skills to prepare the resident for a return to the home. Some of these may include:

- Cooking
- Community skills such as grocery shopping
- Impaired cognition for such tasks as budgeting, money management, etc.
- Remembering things by making checklists and carrying a notebook to write down things you need to remember
- Home assessments as applicable
- Readiness for returning to work by assessing prevocational and vocational skills

The ***Speech Therapist*** will assess and treat communication, cognitive, and swallowing disorders. The ST may assist the individual with a brain injury with such skills as:

- Impaired cognition (thinking skills)
- Impaired verbal communication and comprehension
- Eating or swallowing disturbances and the potential for aspiration
- Ordering and using adaptive communication devices when needed.

The ***Activities/Recreational Staff*** will work with each individual based on their personal interests to provide various activities and leisure events while a resident at Dakota Alpha.

The ***Dietary Department*** in consultation with a registered dietitian, assists in identifying appropriate individualized diets. The dietary manager will work with each resident's likes and dislikes.

Each day, the resident will participate in therapy. Initially, the resident may require staff assistance for even the simplest activities: brushing teeth, getting out of bed and eating. The resident also may require staff for safety because there is a risk of falling, eloping (trying to get out of the facility to go home) or getting hurt. The resident may be confused and forgetful.

The Brain and Injury to the Brain

The Brain is the control center for body movement and for how a person thinks, feels, and acts. It is a soft structure which is protected by the hard, bony skull. The brain is made up of white and grey matter and contains nerve cells.

The brain needs a supply of oxygen, which is transported to the brain in blood. Consciousness is lost within ten seconds if the blood supply to the brain is interrupted. If the blood supply is interrupted for more than two to three minutes, permanent damage to the brain tissue may occur.

The brain is divided into hemispheres (left and right), the cerebellum and the brainstem. Each hemisphere has lobes which have different functions - the frontal, parietal, temporal, and occipital lobes.

The ***Frontal Lobe*** controls personality, the ability to express emotion, motivation, storage of information, abstract thought, and the ability to concentrate and initiate tasks.

The ***Parietal Lobe*** controls sensations of pressure, pain, touch and temperature and awareness of body parts.

The ***Temporal Lobe*** controls language, understanding, memory and intellect.

The ***Occipital Lobe*** controls vision and perception.

The ***Cerebellum*** controls the coordination of voluntary movements, fine motor movements, and balance.

The ***Brainstem*** is the connector between the brain and the spinal cord. It controls the level of consciousness and coordination of blood pressure, pulse, and breathing.

What is Traumatic Brain Injury (TBI)?

Damage to the brain can be caused by strokes, aneurysms, diseases, and tumors. In addition a person may have a traumatic head injury (TBI) or a head trauma as a result of a fall, a motor vehicle accident, gunshot wound, or blow to the head. Mild TBIs are commonly known as concussions. There are two major types of TBI; open or closed.

Open head injuries occur when an object (such as a bullet, nail, or piece of wood) penetrates the head. The object causes a tearing and shearing action and affects more specific areas of the brain than does a blunt blow to the head.

Closed head injuries do not have open wounds and are usually the result of falls and automobile accidents. Some movement of the brain is possible within the skull casing; therefore, when a blow is delivered to some part of the head, there may be damage to the opposite side of the brain. This is called a *contra coup* injury.

Traumatic brain injury can vary in severity and duration. Some TBIs may cause only mild symptoms, such as dizziness or confusion. Others may cause more severe symptoms, such as difficulty speaking or walking. In some cases, symptoms are temporary and go away quickly. In other cases, they may be longer lasting.

Symptoms may start right away or not appear for weeks. In severe cases, TBI may be clear right after the injury. But in other cases, the person may seem and feel fine at first. He or she may resume normal activities, but later symptoms such as memory loss, thinking problems, personality changes and headaches appear.

Signs and Symptoms of Brain Injury

Injury to the “left side” of the Brain

- Decreased ability to connect steps or ideas
- Reduced “automatic thinking”
- Repeats activities (Perseveration)
- Language deficits
- Depression
- Anxiety
- Low self-esteem
- Overestimated deficits
- Underestimates abilities
- Movement or feeling restrictions on the right side of the body
- Over concerned about life, problems, etc.

Injury to the “right side” of the Brain

- Problems in remembering time/date or how they fit into the “whole picture”
- Ideas are fragmented
- Visual/Spatial limitations (ability to figure how things are put together, depth perception, etc.)
- Under concerned about life, problems or getting things done
- Denies deficits
- Overestimates strengths
- Movement or feeling restrictions to the left side of the body

Injury to the “front” of the Brain

- Deficits in more complex reasoning tasks
- Problems initiating activities
- Thinks in concrete terms
- Problems with abstract reasoning
- Changes in mood are rapid and sometimes violent
- Increased impulsivity
- Reduced ability to monitor self, deal with changes
- Ability to “put things in perspective” are gone

Injury to the “back” of the Brain

- Sensory impairments (taste, hearing, smell, sight, touch)
- Difficulty completing a task when more than one sense is involved
- Memory deficits (specifically short term memory problems)
- Reduced intellectual abilities
- More lengthy coma or semi-coma states

Diffuse Injury (caused by anoxia or lack of oxygen)

- Slowed thinking speed
- Increased confusion
- Reduced attention span and concentration
- Increased fatigue
- Problems completing multiple step tasks

Physical symptoms people often complain of include: frequent headaches, ringing in the ears, blurred vision, slowed movement and trouble balancing.

Some people with TBI develop *trouble speaking*. For example, they can think of what to say, but they can't make their mouth say the words.

People with TBI may be easily *confused* or overwhelmed.

TBI may lead to a *change in sleep* patterns, either sleeping more or less than usual.

Memory and concentration may be complaints of someone with a TBI. Remembering things, whether it's what they were planning to do that day or the name of an important person may be difficult. Focusing and concentrating on one thing may also be difficult.

TBI can make it harder for people to control and manage their emotions or mood. As a result, they may be sad, anxious depressed, irritable or angry. They may fluctuate between a number of those things. They may be restless, have a lack of motivation, may be egocentric (excessively concerned only with themselves) or be disinhibited (not caring that others see them naked or saying things to others that are inappropriate).

Some people with TBI may have trouble behaving in socially correct ways. They may also have trouble making decisions. People with a traumatic brain injury may be more aggressive or violent at first but this usually subsides with time, counseling and medication management.

In addition to the above noted symptoms the following areas may be affected to some degree:

- Perception
- Memory
- Orientation
- Concentration and Attention
- Processing of Language/Speed of Thought
- Comprehension of Language
- Problem Solving
- Thought Organization
- Judgment
- Reasoning

Furthermore, changes in the brain may also affect the personality and behavior of the person with a brain injury and may cause some of the following: denial, depression, restlessness, lack of motivation, egocentricity, and disinhibition.

More About the Specific Symptoms

Poor Concentration- The main cause for poor concentration is fatigue. When it becomes difficult to concentrate, the individual with a brain injury may benefit from a 15-30 minute break.

Reducing distractions can help. Turn down or off the radio or television so it is quiet. Shutting the door or closing the blinds and turning down the lights may also help in reducing distractions. It is important that individuals who have suffered a brain injury do not become overly stimulated especially early on in recovery.

Memory Problems- Memory difficulties have several causes. The part of our brain that stores memories is called the temporal lobe. This is the part of the brain that is most often bruised in a brain injury. Some memory difficulties can be caused by the bruises, which is why you may not remember the accident. Like a black and blue mark on your arm or leg, these bruises will recover with time. Your memory will most likely improve as this heals.

If you can remember the accident, chances are that your brain was not bruised. Most of the memory problems people notice after a brain injury are not caused by bruising. They usually come from poor concentration and being tired.

For you to remember something, you have to pay attention to it first. If you don't concentrate long enough the information is never stored in your memory. Concentration problems are a normal part of recovering from a brain injury and some memory trouble is a normal side effect of this.

You will probably be able to concentrate and remember better when you get enough rest. Writing things down or using a pocket calendar are excellent ways of coping with temporary memory difficulties.

Irritability- One of the most frequent causes of irritability is fatigue. People lose their tempers more easily when they are tired or overworked. Everyone gets angry from time to time. Being irritable only becomes a problem when it interferes with your ability to get along with others. Many individuals have some sort of irritability and depression after a brain injury due to the changes in the brain and some of the losses one may have encountered as a result of their brain injury. Having support systems in place to assist with ways to cope is helpful.

Fatigue- It is normal to be more tired after a brain injury. The only sensible treatment for being tired is rest. Avoid wearing yourself out. Gradually increase your activity level. Most people have more energy in the morning than later in the day. You may benefit from schedule daytime naps. If your symptoms get worse, you are pushing yourself too hard.

Depression- Depression after brain injury is common. It can be related to the change in the way the brain works or to your emotional reaction to your new situation, or both. You should discuss your depression with the nurses or your physician. There are many types of treatments that may help.

Anxiety- Worry about symptoms or problems in other areas of your life after a brain injury can be due to physical changes in the brain. Anxiety can also be a normal emotional response to life changes after the injury. Understanding this often helps.

Headaches- Headaches are part of the normal recovery process, but that doesn't make them any less bothersome. Headaches are another cause of irritability and concentration problems after a brain injury.

One of the most common causes of headaches after a brain injury is stress or tension. This is usually the cause when the headaches start for the first time several weeks after the injury. These headaches mean that you are trying to do too much. They will probably disappear if you take a break and relax.

Stress or worry cause tension headaches by increasing muscle tension in your neck or forehead. These muscles become tense and can stay tight without you realizing it, out of habit. They can

become even tighter one a headache starts, because muscles automatically tense in reaction to pain. This muscle tension makes the headache worse.

Dizziness, Visual Difficulties and Light Sensitivity- Dizziness and visual difficulties should be checked by your doctor. These symptoms usually go away by themselves in three to six months or less in most patients. If you find these symptoms troublesome, your doctor may refer you to a specialist for further visual or balance testing. Some motion sickness medications are very effective for dizziness, but can make you drowsy or reduce your attention span as side effects.

You may notice some increased sensitivity to bright light or loud noise, particularly if you have headaches. Some increased sensitivity is normal after a brain injury.

Helpful Suggestions in Relating to Your Family Member with a Brain Injury

- I.
 - A. Speak of familiar names, places, interests and experiences your family member has had in the past.
 - B. Talk about what is happening at home, your day at work, etc.
 - C. Use familiar photos of family, friends, pets.
 - D. Give your family member things to hold or touch that are of different textures (flannel, silk, ice).
 - E. Take your family member outside when possible.
 - F. Have a few family members/friends visit regularly – not a large group at one time.
 - G. Play the radio for awhile, at other times use the TV.
 - H. Provide a calendar and clock for visual cues.

II. Avoid frustration

Stimulation is needed but too much can be frustrating. Your family member may be thinking in slow motion. Too many people talking at once or too much TV. may be very difficult for their minds to think about. If their senses are over loaded they may “short-circuit” and “shut down” or “explode”, cry or become combative. If this happens, provide a quiet environment to let them rest.

III. Keep conversation simple.

Communication is important to your family member. Although they may not be able to speak, they should be kept in as normal a social environment as possible.

- A. Remember your family member may be thinking in slow motion.
 1. Speak slowly as it takes your family member a long time to process what is being said.
 2. Give your family member enough time to respond.
 3. Present only one idea at a time.

- B. Try to include your family member in every conversation.
 - 1. Don't talk over your family member or down to them. He/She is an adult and may become annoyed or frustrated causing withdrawal or rebellion.
 - 2. Do not speak to them as if he/she were deaf. Unless this was a pre-existing condition, generally a hearing loss does not accompany a head injury.
- C. Ask simple questions.
 - 1. Where is...
 - 2. Point to...
 - 3. Show me....
- D. Ask affirmative questions rather than negative ones. "Do you want a drink?" is better than "Don't you want a drink?"
- E. Don't ask questions that require your family member to make a choice such as, "Do you want to stay up awhile or would like to go to bed?"
- F. Encourage the use of appropriate greetings and social exchanges.
- G. Do not tease or encourage your family member to respond inappropriately.
- H. Allow your family member to search for the word he/she wants. However, give him/her the word before he/she becomes completely frustrated or gets the wrong word which is better than for him/her to practice mistakes. Your family member needs successes in order to continue to try. Sometimes it is better to change the subject rather than to pursue a response beyond your family member's frustration tolerance.
- I. Support and encourage speech efforts. For instance, if your family member begins "I want to ____", it helps to repeat the phrase since in searching for the next word; your family member may have forgotten the first ones.
- J. Ask your family member to name things on his/her tray, in the room, say what he/she is doing.
 - 1. Sometimes he/she may need to repeat after you.
 - 2. Give clues such as "a cup of ____, bacon and ____, comb your ____".
- K. Discourage rambling, meaningless repetitions but give your family member an opportunity to express himself/herself in a meaningful way. They may repeat a work, phrase, or activity over and over. Avoid making an issue of this; get them interested in another activity.
- L. Remember your family member's inability to find a word or express himself/herself does not mean that he/she has lost his/her intelligence or knowledge.

- M. Speak to your family member as you would any reasoning adult.
 - N. Do not under any circumstances put your family member on display or force him/her to speak. Such remarks as “say it for them” may upset or embarrass them.
 - O. Do not ridicule or insist that your family member give accurate responses, correct pronunciation or “talk right”. There is nothing they want more than to do just that.
 - P. Ask direct questions requiring a simple “yes” or “no” rather than those requiring complex answers. It is better to say “was Dad here last night?” rather than “who was here to visit last night?” You need to know the correct answer in order to help orient them.
 - Q. Encourage gestures and talking with hands whenever and if possible. Tell your family member to describe or show you what he/she means; frequently this will enable him/her to say the word itself.
 - R. Be prepared for bizarre, inaccurate use of language and for swearing.
 1. Such responses are very common to the brain injured person.
 2. Accept this without amusement or anger.
 3. Help him/her by providing the correct word without display or emotion.
 - S. Don’t over-estimate your family member’s capability to understand what is said to him/her.
 - T. Don’t act like you understand when you don’t.
 - U. Don’t talk for your family member unless absolutely necessary.
 - V. Don’t use sarcasm or abstract jokes with your family member. He/She may be very concrete and may take everything you say literally. “I’ll be back in a minute”, might mean just that to them – you will be back in one minute.
- IV. Keep in touch with the real world.
- A. Do not join in fantasies or repetitions. Do not scold if your family member talks of imaginary things. However, do not act as if you see or hear what he/she is imagining. Say, “You may think you see Mom in that chair, but I do not see her. She is in Chicago.”
 - B. When your family member repeats himself/herself, tell him/her so, but talk to him/her in a matter of fact way.

V. Attitudes

- A. Do not overwhelm your family member with false optimism or empty words such as “you will be all right – you will be back to work in no time.”
- B. Do not compare his/her speech, language or physical abilities prior to his/her illness with those of his/her present condition. Look ahead, not back, and help them to do the same.
- C. Be generous with approval and appropriate behavior, immediate feedback and reinforcement are necessary.
- D. Don’t laugh “at” your family member.
 - 1. Laugh “with” them when it is appropriate.
 - 2. Disregard laughter when a situation is not funny by not laughing with them or ignoring it.
 - 3. Often they are not able to know what is really humorous.
- E. Your family member may laugh or cry easily. He/She may be embarrassed by his/her uncontrolled behavior. Suggest another activity until he/she calms down.
- F. Your family member may “perform” inconsistently.
 - 1. Don’t scold, tease or reprimand them when they cannot perform a certain task although you may have seen him/her do it previously.
 - 2. This can be discouraging and may cause them to lose interest in making an effort.
- G. Your family member may be unable to control bowel and bladder functions. Don’t scold for this.
- H. Avoid making your family member feel guilty or feel like a baby for mistakes and accidents such as spilling something.
- I. Remember that no person’s problem is exactly like another’s problem so avoid making comparisons.
- J. Do not argue with your family member. This may be exhausting to him/her and may increase anger and resentment.
- K. By your mannerisms, patience and accepting attitude you create an atmosphere of relaxation. Avoid direct expressions like “relax”.
- L. Do not rely on what your family member says he/she can or cannot do – be sure that what he/she does is done safely. Check with the therapists and nurses.

M. Remember your family member's whole lifestyle has changed. Their ability to work, the activities they enjoyed, and the friends they hung around with or did activities with, family members and routines have changed. People are unsure how to talk to a person with a head injury and depression may be a direct result while they are learning to cope. Be patient and comforting.

Support Groups

Contact the facility social worker for currently practicing support groups. There are support groups for persons with Traumatic Brain Injuries, Spirituality groups, Drug and Alcohol Rehabilitation groups and Caregiver groups depending on your area of residence.

Discharge Planning

Discharge planning starts on admission. It is often difficult to think about discharge when you have the rehabilitation phase foremost in your mind. We will work hard with you to help you reach your highest level of functioning during your rehabilitation stay. We will help you find and access community resources when applicable to meet your discharge needs. When applicable our physical and occupational therapists will conduct a home evaluation and make recommendations that will help you be successful when discharged to your home.

Discharge planning will be an ongoing process throughout your rehabilitation stay. You will meet with your care team at least quarterly to discuss your progression towards your goals. You are welcome to invite your family, significant other or any other important person in your life to these meetings.

If you have any questions or concerns not covered in this educational manual please feel free to contact the department head in the area you have the question or concern.

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