

PHYSICAL MANAGEMENT OF PATIENTS IN A DISORDER OF CONSCIOUSNESS (DOC): PROMOTING BEST PRACTICE IN THE UK THROUGH DEVELOPMENT OF CLINICAL PRACTICE GUIDELINES

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Background:

- Advances in first response protocols has lead-to an increase prevalence in people with a Disorder of Consciousness (DOC) (Royal College of Physicians, 2013).
- Disorders of consciousness are a group of disorders where the people have no or very limited levels of consciousness. Typically, DOC are categorised as Vegetative state (VS) or Minimally Conscious State (MCS).
- The main role of rehabilitation for this client group is to prevent the complications from occurring. In the long term care setting the aim of rehabilitation (using the same techniques as above) is to prevent the deterioration of impairments.
- The challenges of research in this clinical group is due to the rarity of these conditions, consent issues for involving DOC patients in research and clinicians being unaware of and unprepared for managing these patients
- Currently, in the UK there is no guidance available for the physical management of DOC patients and there is a need to support and standardise clinical practice.

Purpose:

- These guidelines have, as a main focus, 24-hr physical management.
- The practice guidelines will signpost clinicians to other treatment guidelines that are already available in the UK (e.g. COT and ACPIN Splinting Guidelines (2015), Spasticity in adults using Botulinum Toxin guideline (RCP, 2018).
- The guidelines recommendations are expected to promote best practice in the use of physical management interventions (Contracture, Spasticity and 24-hour Posture management) in adults with a Disorder of Consciousness.

METHODOLOGY & RESULTS

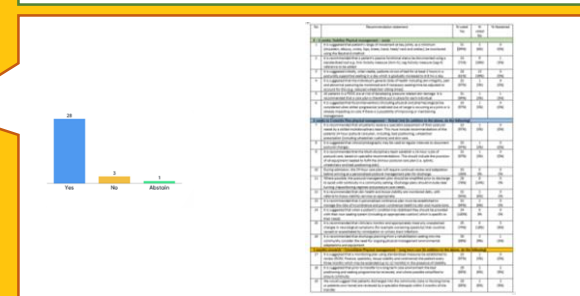
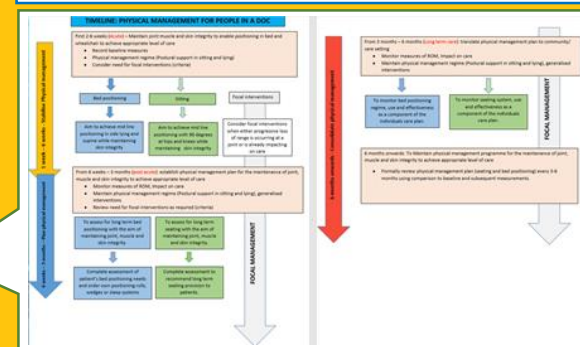
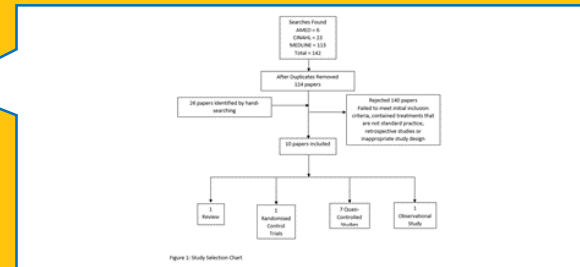
- A literature scoping review was completed
- The project was publicised through professional forums to increase awareness and participation

- A Guideline Development Group (GDG) was formed with eight experienced clinicians and academics from varied backgrounds

- Two consensus development meetings were arranged in February and October 2018.
- The literature scoping review and consensus discussions were used by the GDG to develop 25 recommendation statements and a flow chart for timeline for Physical management
- The flow chart and the statements were divided into 3 sections

- 0 – 6 weeks: Stabilise Physical management – acute
- 6 weeks to 3 months Plan physical management – Rehabilitation Unit
- 3 months onwards – Consolidate Physical management – Long term care

- During the consensus meeting, the 25 recommendation statements were revised into 19 statements and the flow chart was revised. The 19 statements and the flow chart were voted on by delegates to obtain consensus



Conclusion(s):

This guideline will provide a benchmark of

- how frequently patients in DOC need to be assessed/monitored and
- treatments suggested as part of their physical management.

Implications:

- The development of this guideline is expected to result in improved clinical practice in management of this patient group.
- The guideline will be reviewed regularly to ensure latest evidence is included.

Key-Words:

Disorder of consciousness, physical management, practice guidance

Funding acknowledgements: This project was funded by Holy Cross Hospital and 'Brain Injury is BIG' charities.

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