Transitioning to the Nova Scotia Rehab Centre for Traumatic Brain Injury Patients & Families
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This guide will help the families of traumatic brain injury patients understand why further rehabilitation may be needed. It will also help you understand your important role in the rehabilitative journey. Family involvement is a very important part of the rehabilitation process.

A traumatic injury to the brain may affect how a patient sees himself or herself, as well as their ability to think, walk, talk, eat, remember, and make decisions. A traumatic injury to the brain can also change how a person relates to their family and community.

Parts of the brain

- Frontal lobe
- Temporal lobe
- Parietal lobe
- Occipital lobe
- Cerebellum
- Brainstem
Frontal lobes: These lobes are responsible for personality, common sense, problem solving, and maintaining socially acceptable behaviour.

Temporal lobes: The right side is responsible for understanding what it sees. The left side helps people express themselves. Damage to the temporal lobe can change how someone understands what someone else is saying.

Brainstem: The 12 cranial nerves pass through the brainstem. The brainstem controls heart function and breathing.

Cerebellum: The cerebellum helps maintain balance.

Occipital lobe: This is the central vision centre where the brain gets a picture from the eyes and tries to make sense of it.

Parietal lobes: The right lobe controls motor function on the left side. The left side controls motor function on the right side. Motor function includes strength, coordination, and the ability to feel touch.

Symptoms of traumatic brain injury
An injury to the brain affects each patient differently. The area involved and the force of the injury determine the symptoms.

You may notice the following changes in your family member:

Changes in personality
› Denies that they have problems
› Grumpy
› Selfish
› Does not listen
› Picks arguments
› Seeks to not want to take part in daily care
› Laughs or cries easily
› Depressed
› Face shows little or no emotion

Changes in behaviour
› Wanders off or runs away
› Acts without thinking
› Unable to control anger
› Unable to stop inappropriate behaviour
Changes in speech
› No or little talking
› Short, broken sentences
› Talks too much
› Swears
› Loses track of what they are saying
› Speaks with little emotion in voice
› Talks too loudly or too softly
› Has trouble finding words

Changes in thinking
› Easily distracted
› Seems “spaced out”
› Problems understanding what is asked of him/her

The team

[Diagram showing the team members: Nurses, Physiatrist, Vocational Counsellor, Recreational Therapist, Neuro-psychologist, Occupational Therapist, Dietitian, Spiritual Care Worker, Speech Language Pathologist, Social Worker, Physiotherapist, Nurses.]
Treatments

The following treatments may already have been started at the Halifax Infirmary (HI site). They will continue at the Rehab Centre.

Physical concerns

Hygiene and dressing

• The patient will be expected to do as much as possible.
• We will talk about the reasons for proper personal care with the patient.
• Leave plenty of time for personal care.
• We expect that the patient will be out of bed as soon as morning care is finished. We also encourage the patient to be out of bed more than in bed. The patient will have rest periods during the day.

Bathroom habits

• It is very important to become aware of the patient’s bowel and bladder routines. The nurse will check daily for bowel movements. Exercise and getting enough fluids are helpful in preventing problems.
• Bladder retraining may be needed. If needed, the patient will be checked every 2 hours to encourage the return to normal functioning and to help avoid accidents.

Healthy eating

• Some patients have trouble swallowing after a traumatic brain injury. If this happens, the Swallowing Assessment Team will follow the patient. The Team will continue to follow the patient at the Rehab Centre. The nurses will encourage the patient to follow any recommendations made by the Team. Family members should check with the nurses before bringing in any food, as the patient may want things that they are not able to safely have.
• If there are no food restrictions, the family may wish to bring the patient some of their favourite foods. Please check with the nurses first.
• Some patients with a traumatic brain injury lose the ability to understand when they are full and may eat until they are sick. If this happens, we will limit how much food the patient eats at one time.
Assistive devices
• A patient may have problems seeing, or have weakness on one side of their body. Special devices are available to help patients care for themselves. These devices (such as special glasses or special utensils) are used to encourage independence.

Safety
• The patient’s physical safety is always a concern. After a traumatic brain injury, a person often does not plan their actions. They may try to get up on their own while they are still unsteady on their feet. A rear-closing seat belt may be used to make sure the patient does not get out of a chair without help.
• A bed alarm may be used to protect a patient who is not able to get up without help.
• After a traumatic brain injury, it is not unusual for a patient to be restless and/or upset. Nurses, families, and sitters can help. Physical activity is a great way of getting rid of this extra energy. Walking or wheeling the patient in a wheelchair may help.

Things to think about when the patient is getting restless:
☐ Do they need to use the bathroom?
☐ Is there too much noise in the room?
☐ Do they need to rest?
Anticipating and meeting these needs can help with the patient's restlessness and promote safety.

Emotional concerns
• The staff at the Halifax Infirmary may have already asked you to start thinking about the future. This is important. Planning for the future gives the patient and their family long-term goals to work towards.
• You may have found that the early days of recovery were very emotional. Feeling very tired at the end of the day is not unusual. There will also be times when you need to take a break away from the hospital. Don’t feel guilty about taking breaks as needed.
• It is very important that family members strengthen their coping abilities.
Proper food and rest can help. If you are finding it hard to cope, talk to a nurse about getting help.

- Open communication between the patient’s family and the healthcare team is a must. Do not “bottle up” your worries.
- The road to recovery is an ongoing process that happens both inside and outside the hospital. It may take months for the patient to begin to learn old skills.

**Medications**
A brain injury may cause aggressive behaviour. The patient may need medication to control their behaviour. Medication is usually started at the Halifax Infirmary and continued at the Rehab Centre. The need for medication is checked daily. Medication will be reduced as behaviour improves and will be stopped as soon as possible.

**Family conferences**
Family conferences will be arranged when needed. These meetings can be used to clarify concerns, start the arrangements for discharge, or plan passes.

**Weekend passes**
The patient may have already had day or weekend passes from the Halifax Infirmary. The patient may have weekend passes at home when the healthcare team feels the patient is ready. This is a great way for both the patient and the family to see the progress the patient is making and find areas that need work.

**Average length of stay at the Rehab Centre**
The length of stay at the Rehab Centre will be determined by the patient’s progress. Family members should always have a plan for where the patient will go when they are discharged.
A typical day at the Rehab Centre

• The patient’s day starts around 7:30 a.m. Over the next hour and a half, the patient will be involved in morning care and eating. This is the only meal that is eaten in the patient’s room.

• We expect that lunch and supper will be eaten in the common room. If the family wants to spend private time with the patient, it is their responsibility to take the meal tray to the patient’s room and make sure the patient is swallowing safely.

• Most treatment programs start around, or after, 9 a.m. Occasionally a treatment program may start earlier than 9 a.m.

• Depending on the patient’s needs, they may have physiotherapy, occupational therapy, and speech therapy every day.

• The time spent with each healthcare team member is often 30 minutes to 1 hour from Monday to Friday. There are no classes over the weekend.

• The team expects the patient to work at what is learned in therapy sessions during the day and on weekends.

Classes are usually not held back-to-back on a regular basis. This is because:

• The patient needs rest periods to benefit from the other therapy classes.

• Things they have learned need to be repeated in order to progress.

If you have any questions, please ask.
We are here to help you.
# A typical week at the Rehab Centre

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>8 a.m.</td>
<td>Breakfast in room</td>
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<td>Pass Home</td>
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<td>9 a.m.</td>
<td>Occupational Therapy</td>
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<td>10 a.m.</td>
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<td>Recreational Therapy</td>
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<td>Recreational Therapy</td>
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<td>11 a.m.</td>
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<td>noon</td>
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<td>Lunch</td>
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<td>1 p.m.</td>
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<td>Neuro-psychology</td>
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<td>2 p.m.</td>
<td></td>
<td>Speech therapy</td>
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<td>Speech therapy</td>
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<td>3 p.m.</td>
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<td>Patient education session</td>
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<td>4 p.m.</td>
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<td>5 p.m.</td>
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<td>Supper</td>
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<td>6-8 p.m.</td>
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<tr>
<td>9 p.m.</td>
<td></td>
<td>Getting ready for bed</td>
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Some new words you may hear

Basic activities of daily living (BADL)
This includes bathing, dressing, eating and drinking, using the bathroom, and grooming.

Dysphagia team
Dysphagia means to have trouble swallowing. The Swallowing Assessment Team has a dietitian and a Speech Language Pathologist.

Instrumental activities of daily living (IADL)
Includes managing the home and finances.

Medically stable
The patient no longer needs active medical investigation. There are not any medical concerns that need to be treated.

Neuropsychologist
A neuropsychologist assesses cognitive (thinking) functioning and makes suggestions about ongoing rehabilitation and recovery.

Occupational Therapist (OT)
An occupational therapist assesses the patient’s ability to carry out activities of daily living, safety issues, seating concerns, and community reintegration.

Physiatrist
A physiatrist is a medical doctor specializing in rehabilitation. They manage the patient’s medical treatment plan.

Physiotherapist (PT)
A physiotherapist helps with mobility (movement) issues of the body.

Recreational Therapist (RT)
A healthcare professional who can help explore leisure and hobby issues and suggest resources.

Social worker (SW)
A social worker is trained in therapeutic counselling. They can also help with discharge planning, completing insurance forms, and applying for specialized programs.
Speech Language Pathologist (SLP)
An SLP assesses communication abilities and needs and develops a treatment plan.

Traumatic brain injury
The brain is injured from an outside source such as a fall, a car accident, or a physical blow to the head from an assault.

Vocational counsellor
A professional who can explore options and make suggestions about returning to work or school.

Notes and questions: