Coma Scales and a Team Approach to TBI Recovery

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March 16, 2018
The JFK Coma Recovery Scale (CRS-R)
Why utilize the revised JFK Coma Recovery Scale

- No specific discipline needs to be the one to perform the CRS-R on a patient.
- Typically physicians are first to perform the exam.
- Despite outward appearances of minimal to no recovery, the CRS-R allows for objective and measurable changes to be documented by the healthcare practitioner.
How to utilize the revised JFK Coma Recovery Scale

- The CRS-R consists of 23 items, grouped into 6 sub-scales:
- The total score ranges between 0 (worst) and 23 (best).
- The practitioner moves through a specific, guided set of tests allowing specific amounts of time for a patient to respond, and scoring the patient appropriately.
Why utilize the revised JFK Coma Recovery Scale

- The CRS-R is the most appropriate scale in assessing disorders of consciousness.

![Brain images showing different states](image-url)
A Team Approach to TBI Recovery

- When managing the newly Brain Injured patient it is imperative for the multidisciplinary team to work together.
- It is CRUCIAL for all members of the team to be on the same page.
A Team Approach to TBI Recovery

- An extremely important piece of the team is FAMILY.
- In addition a multidisciplinary team has been created at YNHH called the BeaTBI team, which stands for Boosting Education and Advocacy for Traumatic Brain Injury.
A Team Approach to TBI Recovery

- From a Rehabilitation standpoint, the entire team can be involved in physically mobilizing a patient.
- Patients can be mechanically ventilated, have EVDs present, require doctoral, nursing and respiratory care in addition to the therapists to mobilize, yet we all work together to get patients out of bed and onto their feet.
- If a patient is able we will ambulate and mobilize even on the mechanical ventilator or with other critical lines/tubes attached.
The Unknown

- When dealing with the Brain we are all delving into the world of the unknown.
- An individual's ability to recover from a brain injury may differ vastly from the ability of another individual to recover from a seemingly identical brain injury.
How to get the message across

- As a Physical Therapist working with TBI patients, the most common questions I receive are “Will they ever walk again?” or “Will I need to take care of them for the rest of their lives?” The answer is extremely difficult to portray: “I don’t know”.

THREE MAGIC WORDS: WHAT ARE THEY? I DON’T KNOW!
How the team can work together

- We must portray a hopeful, realistic empathy that emanates in our practice, patience and education of the family on all fronts to provide the highest level of care possible. This approach works far beyond the TBI level.

- Mindful rounding, communication amongst all members of the multidisciplinary team, and an openness to listen to every level of employee working on a patients case is a must.
Bringing it all together

- Between utilizing the objective measures such as the CRS-R and employing a unanimous multidisciplinary front in regard to a patient's care, we can successfully manage the TBI patient even at the most severe level.
- As a team we can realize the greatest results for the Brain Injured patient
Food for Thought

- Despite the need for a Disorders of Consciousness program when a patient is just beginning to emerge from coma, Connecticut does not have a disorders of consciousness program, so all patients requiring such must be sent out of state, or to an inappropriate level of care.
- Many severely brain injured patients take significant time to improve, and availability of a DOC program is a major discharge barrier and disservice to the minimally conscious patient in the state of Connecticut.
Works Cited


Beating TBI

BOOSTING EDUCATION AND ADVOCACY FOR TRAUMATIC BRAIN INJURY