Rehabilitation after Brain Injury
at Dodd Hall
# Rehabilitation after Brain Injury

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Talk to your doctor or health care team if you have any questions about your care.  
The Library for Health Information is available to help you find more health information at (614) 293-3707 or e-mail: health-info@osu.edu.
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The Head and Brain

You will hear staff use many words to describe the anatomy of the head and brain. If you would like more information or have any questions, please ask.

Parts of the head

- The **scalp** is the skin covering of the head that is often covered with hair.
- The **skull** is the hard bony covering that encases and protects the brain.
- The **meninges** are the three layers inside the skull that cover the brain. These layers provide added protection to the brain. The layers are called the **dura**, **arachnoid** and **pia**.
- **Cerebrospinal fluid (CSF)** surrounds the brain in the space between the arachnoid and pia. It also fills the open spaces within the brain to provide a protective cushion. The fluid is normally clear and looks like water. It is made inside the brain and provides nutrients to the brain.

Parts of the brain

The brain is the control center of the body. It controls thoughts, memory, speech and movement. It regulates the function of many organs.

- The **cerebral cortex (cerebrum)** makes up the largest portion of the brain. It is divided into two halves called the left and right hemispheres. The **left hemisphere** controls movement of the right side of the body. The **right hemisphere** controls movement of the left side of the body.
Each hemisphere has four lobes. Each lobe controls certain body functions.

- The **frontal lobe** is behind the forehead. It controls thought, personality, behavior, judgment and problem solving. Concentration, attention and the abilities to organize and plan are also controlled here.

- The **occipital lobe**, which is located in the back of the brain, controls vision.

- The **parietal lobe** controls sense of touch, perception, awareness of body parts, talking, writing, math, grammar, organization of speech and one’s ability to tell size, shape and color of things.

- The fourth lobe, called the **temporal lobe**, regulates hearing, smell, taste, memory, organization and speech.

- The **brain stem** is located under the cerebral cortex. It connects the cerebral cortex to the spinal cord. It sends messages back and forth from the cerebral cortex to other parts of the body. Attention, arousal, and sleep and wake functions are based here. The brain stem also controls breathing, heart rate and blood pressure.

- **Cranial nerves** are twelve pairs of nerves that come out from the base of the brain and brain stem. These nerves control smell, hearing, eyesight, taste, swallowing, eye movement, tongue movement and facial expression.

- The **cerebellum** lies at the back of the skull under the cerebral cortex. It helps to coordinate movement of the arms and legs and balance.

- The **spinal cord** is the communication line for messages to travel to and from the brain.
Types of Brain Injury

The skull is the hard bony covering that encases and protects the brain. The brain is soft, like firm Jell-O. When the head moves, the brain moves inside the skull.

When the head is hit or moved with force, the brain moves at a different speed than the skull. The brain can be bruised or parts may be stretched so much that damage occurs, called shearing. Bleeding may also occur, causing other problems.

This overview of some types of brain injury includes signs of brain injury and treatment options. Talk to your doctor and health care team if you have questions.

**Concussion**

A concussion is the most common type of traumatic brain injury. It results from a fall or hit to the head that causes the brain to twist and turn inside the skull. A concussion may cause bruising, bleeding or swelling of the brain. A skull fracture may occur along with a concussion.

**Signs of a concussion include:**

- A brief change in consciousness
- Confusion
- Headache
- Nausea or vomiting
- Fatigue or tired with no energy
- Blurred vision
- Sleeping problems
- Memory loss
- Personality changes

A concussion is normally not life-threatening, but it can be serious. If your signs get worse after 7 to 10 days, see your health care provider. Medicines may be used to treat dizziness or headache, but time and rest is needed most for brain healing.

**Resources for more information**

- **MedlinePlus**

- **Brain Injury Association of America**
  1-800-444-6443
  [www.biausa.org](http://www.biausa.org)

- **Brain Injury Association of Ohio**
  1-866-644-6242 or 1-614-481-7100
  [www.biaoh.org](http://www.biaoh.org)

- **brainline.org**
  1-703-998-2020
  [www.brainline.org](http://www.brainline.org)

- **HandsOn Central Ohio**
  Call 2-1-1, 24 hours a day.
  [http://handsoncentralohio.org/](http://handsoncentralohio.org/)
  Visit the website for a directory of resources and programs.
A hematoma is a form of brain injury that involves a pool or collection of blood outside of the brain's blood vessels. The blood vessels may be torn as a result of skull fractures or shearing injuries. Hematoma may develop right after a brain injury or later, causing brain swelling, higher pressure in the skull or coma. More than one type of hematoma can occur.

**Types of hematoma:**

- **Epidural hematoma:** Epidural means above the dura. The dura is the tough outer cover layer on your brain between your brain and your skull. The bleeding is between this layer and your skull.
- **Subdural hematoma:** Subdural is below the dura. The bleeding is between the brain and the dura layer.
- **Intracerebral hematoma:** Intra means inside and cerebral means brain. The bleeding is inside the brain tissue.

**Treatment of hematoma:**

Surgery may be done to remove the hematoma. Whether surgery is done depends on where the hematoma is and whether it is getting larger or causing any problems. Recovery depends on the seriousness of the injury and whether other brain injuries occurred with the hematoma.

Contusion means bruise. It is another form of traumatic brain injury. When the head is hit, the brain moves back and forth inside the skull. When the brain is pushed up against the ridges and sides of the skull, bruising to the brain can occur. Because a big force is needed to create a contusion, the person may also have other brain injuries. These could include bleeding inside the brain, skull fractures or more than one contusion.

**Contusions can cause:**

- Brain swelling
- Higher pressure inside the skull
- Coma
- Seizures
- Brain damage

It often takes a long time for the person to recover from this injury. The location of the contusion and the amount of damage impacts recovery time.

Contusion:

Hematoma:
This means bleeding in the brain. It is a moderate to severe form of brain injury. The site of the bleeding is used to name the type of hemorrhage.

- **Subarachnoid hemorrhage**: bleeding over the outer surface of the brain.
- **Intraventricular hemorrhage**: bleeding into the fluid filled chambers of the brain, called ventricles. The cerebrospinal fluid (CSF) becomes blood tinged.
- **Intracerebral hemorrhage**: bleeding into the brain tissue.

**Signs of hemorrhage include:**
- Sudden severe headache
- Change in wakefulness or confusion
- Nausea and vomiting
- Irritable
- Restless
- Light sensitivity
- Stiff neck
- Seizure
- Weakness in arms or legs
- Back and leg pain or stiffness
- Fever

Treatment depends on the severity and location of the bleed. Treatment may include surgery and medicines. Recovery depends on how severe the bleeding is and whether there are problems from the bleeding.

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**Diffuse axonal injury (DAI)**

An injury where the brain slides back and forth inside the skull, causing the brain's nerves to be stretched or torn. Damage to the brain may be widespread. When the nerves are torn, they die. It is a moderate to severe form of brain injury.

**Signs seen with this injury include:**

- Coma
- Abnormal movement of arms and legs
- Higher pressure inside the skull
- High blood pressure
- High body temperature

The recovery process can take a long time. The person with this injury may be in a coma for months.

**Anoxia**

Injury to the blood flow of the brain may cause anoxia (an-ox-ee-a) or a lack of oxygen to the brain. The brain does not store extra oxygen and is very sensitive to changes in oxygen levels.

**Signs of anoxia may include:**

- Memory loss
- Higher pressure in the brain, called intracranial pressure
- Loss of consciousness

**Treatment of anoxia includes:**

- Supporting breathing and blood pressure
- Giving medicine to reduce brain swelling
- Treating the cause of anoxia, if possible

How long and how much of the oxygen supply was blocked determines lasting effects, which may include:

- Minor loss of function
- Changes in behavior or speech
- Memory changes
- Visual changes up to blindness
- Seizures
- Long term coma
- Brain death
Recovery after brain injury is a process that occurs in stages. Some people move quickly through the stages, while others make slow, but steady gains.

The Rancho Los Amigos’ Levels of Cognitive Functioning, also called the Ranchos Scale, is one scale that measures improvement. There are 8 stages. You may find this scale helpful to follow your loved one’s progress.

Progress through the levels may not happen all at once. A person may return to a lower stage because of fatigue, frustration or other changes during the day. Watch for changes towards the next higher stage. It may be frustrating when you do not see changes from day to day. Remember, gradual progress over time is more important.

Level 1: no response
The person is in a coma and may appear to be asleep. The person may be restless. He or she does not respond to sounds, sights, touch or movement.

Level 2: generalized response
The person is semi-comatose. He or she begins to respond to sounds, sights, touch or movement. Response is slow, inconsistent or occurs after a delay. The person responds or mimics what is heard, seen or felt. Response may include: chewing, sweating, breathe faster, moaning, moving or increased blood pressure.

To help your loved one during level 1 and 2 recovery:

- Talk to the person about familiar items (people, places, activities) in a calm voice. Do not talk about his or her condition.
- Do not talk in front of the person as if he or she were not there. He or she may be able to hear you, even in a coma.
- Keep messages short when talking to the person.
- Stimulate the person’s senses. Use touch, smell, light, sound and temperature for 5 to 15 minutes. Play his or her favorite music, television show and taped messages from family members. Bring in familiar, favorite items, such as cologne, flowers and scents from foods.
- Change the person’s surroundings to prevent too much stimulation or too little stimulation. For example, when visiting, turn off the TV. When no visitors are present, request that the nursing staff play favorite music or turn on the TV for short periods of time.
- Touch the person gently when talking.
- Tell the person who you are every time you enter or leave the room.
- If the person’s eyes are open, encourage eye contact.
Level 3: localized response

The person appears more alert. He or she reacts to what is seen, heard or felt. For example, the person may follow you with his or her eyes or turn the head towards sound. When the person feels pain, an arm or leg may move, and he or she may cry out. The person may follow simple commands, like “close your eyes”. The person may show signs of knowing family or friends.

To help your loved one:
- Try Level 1 and 2 activities.
- Call the person by name and introduce yourself to help orient him or her.
- Keep interaction simple. Use short and simple sentences.
- Encourage the person to do simple tasks, such as nodding the head to mean “yes or no”. Allow enough time for a response. Check back to make sure you understood movements correctly if the person cannot speak.
- Provide basic information. Keep the person oriented by stating the place, day of the week, time and daily activities.
- Give visual cues. Keep a clock and calendar nearby. Decorate the room with pictures of family, friends and pets.
- When interacting, reduce outside noise. Turn off the television or radio and pull the privacy curtain.
- Establish a routine for the person.
- Always give the person praise when progress is made.
- Allow the person rest periods.

Responses may not always be the same. The person may be able to follow a command or voice a response one day, but not the next day. Be patient. He or she may be as frustrated as you are.

Level 4: confused and agitated

This stage can be hard on families and friends. The person may not understand what is happening (gets confused) and be scared. He or she may try to remove all restraints, kick, hit or bite others, pull out tubes and crawl out of bed. The person may overreact due to confusion by screaming or say things that are not appropriate. He or she may make up stories to overcome internal confusion and fear. Often, the person’s attention span is very short and he or she may lack short term recall. Memory may be limited only to past events. The person may be focused on basic needs like eating, going to the bathroom, or dressing and need help with these activities.

To help your loved one:
- Provide a calm, orderly, structured and consistent environment. Tell your loved one he or she is safe. Avoid bright lights and loud noises. Limit visitors to two people in the room at a time.
- Keep conversation and interaction simple. Keep messages short. The person’s ability to stay focused and keep attention may be short.
- Frequently orient the person to place, date and time, and what is happening. Provide a written schedule of daily events, such as times for different therapies. Provide the person with a watch or clock. Hang a calendar in his or her room and keep it current. Decorate the room with familiar pictures.
- Help the person to remember past events as they happened.
- Allow the person simple choices, such as what clothing to wear.
- If the person becomes upset or agitated, stop the interaction. If needed, change the subject or leave the room for a short time. If the person becomes aggressive, call the nurse for help.
• If the person has a safety belt on, do not untie or remove it. Often, safety belts are needed for the person’s safety. Medicines may be used if the person is at risk of harming him or herself or others.

• Avoid upsetting the person. Do not yell or raise your voice to get his or her attention.

• Do not agree with confused statements. Direct the person back to reality. Give simple and clear information to aid in memory recall.

• Provide positive feedback and support. Give praise for tasks finished.

Level 5: confused and inappropriate

The person is not as explosive or combative. The person is more alert and can follow simple commands most of the time. Complex or multiple step commands may lead to frustration and upset. Attention to any task may be limited. Long term memory of past events may be better than short term recall of daily events. To fill in the gaps of memory, the person may make up stories.

He or she may have confusion due to problems learning or organizing information. Most days, common activities of daily living, such as eating or dressing, can be done with few problems. However, the person may have a hard time starting an activity or get stuck on one step of a task. Step by step instructions for specific tasks are very helpful.

The person is also seldom aware of his or her limitations. As a result, a person may not understand the purpose of rehabilitation. He or she is better able to understand physical injury than problems with thinking or memory. It is not uncommon to hear requests to leave the hospital or “go home”.

To help your loved one:

• Help write down daily events and ask questions about what has happened during the day (activities, feelings). Therapists may provide the person with a memory book to help.

• Practice new and old self care skills such as dressing and combing hair.

• Practice memory exercises, such as reviewing family pictures. Repeat information to reduce confusion. Encourage use of memory aids.

• Use simple, short, concrete sentences and directions. Help to get organized for each activity. Avoid treating the person like a child.

• Encourage the person to make choices, especially with grooming, dressing and food.

• Limit the number of visitors and noise to reduce confusion and help with attention to interactions.

• Encourage the person to participate in leisure activities.
Level 6: confused and appropriate

The person’s behavior is more functional. He or she can remember time, events of the day and major life events. There is improvement in the care of basic needs. The person can follow simple commands more consistently and can keep attention for 30 minutes on a task. It is easier to learn information at this stage, but details may be forgotten. For example, the person may remember talking with a family member, but forget what was said. Response time to finish activities may still be slow. The person may have trouble connecting thoughts with specific words or say things without thinking.

To help your loved one:

- **Encourage independence in tasks.** Limit the amount of help you give.
- **Keep your conversion simple and short.** Use clear directions for tasks.
- **Continue to use memory aids,** such as a daily schedule, memory book and pictures. Use current events, such as the news or favorite TV shows to help with memory. Give help with memory as needed.
- **Problem solving may be a challenge.** New situations or information can be stressful. **Give positive support to encourage participation.**
- **Encourage the person to be active in rehabilitation.** If the person does not understand limitations or problems, he or she may not participate.
- **Follow a routine every day.** Follow a schedule at home similar to the one in the hospital. For example, have meals and rest periods about the same time every day. **Ask the staff about any restrictions or specials instructions.**

Level 7: automatic and appropriate

The person is able to do most activities automatically when tasks have structure. Concentration, judgment and problem solving may be hard. Safety is a concern. The person may feel “better” but lacks judgment for some activities. For example, driving a car is not recommended. When something is new, complex or different from the normal routine, it can cause upset. Learning new information takes time and practice to retain. Counseling for work or school may be needed.

To help your loved one:

- **When home, provide a safe environment.** 24-hour supervision may be needed. Discuss ways to help the person stay safe.
- **Talk to the doctor about any restrictions,** such as driving, drinking, working or being left alone.
- **Encourage independence in all self care tasks.** Practice simple household chores and tasks with structure and routine. Slowly add more tasks, allowing the person to make choices and decisions.
- **Interaction will be more normal.** **Encourage social events that are less stressful.** Be careful with slang or jokes as meaning can be missed.
- **Encourage participation in a rehabilitation program.** Problems with behavior, memory and judgment may continue for several months or years.
Level 8: purposeful and appropriate

The person has purpose in daily living. He or she can recall and integrate past and present. Carryover for new learning is evident. The person needs no supervision once activities are learned and can be independent at home and in the community. The person may continue to show decreased abilities, reasoning, judgment, stress tolerance, and emotional and intellectual capacity compared to pre-injury, yet be functional in society.

To help your loved one:

- **Encourage note taking, mobile device calendar alerts and medicine reminders, and other self help tools** to improve daily function.

- **Encourage decision making.** Give help when needed but treat choices made as functional adult decisions.

- **Talk with community resources or social workers about long term adjustment and lifestyle needs.**

- **Promote rehabilitation treatment** as part of recovery, even after he or she feels able to function normally. It may benefit memory, thinking and judgment skills.

- **Continue to give positive feedback and support.**
Physical Changes

A brain injury can affect other parts of the body to cause physical changes. Some patients may also have physical injuries that occurred along with the brain injury. Through rehabilitation and other treatments, the person will work toward the greatest level of independence.

Changes in movement
The brain controls the movement of the body. With brain injury, your loved one may have changes in the ability to move due to:

- Physical injury to bones, joints, muscles and other tissues.
- Lack of endurance or having less energy.
- Poor balance.
- Weak muscles.
- Loss of muscle control or paralysis.
- Contracture where muscles or tendons tighten, causing movement in a joint to be limited.
- Spasticity where there is an abnormal increase in muscle tone or stiffness of muscle, causing jerking and twisting of muscles.

Treatment may include:

- Braces, splints or casts to protect the injury and support healing.
- Range of motion and stretching exercises to improve movement, strength and balance.
- Medicines.
- Surgery.

Changes to senses
Brain injury may affect the senses causing problems with:

- Vision, including blind spots, double vision or problems processing and interpreting what you see.
- Hearing, including ringing in the ears.
- Taste, including a bad taste in the mouth.
- Smell, including the loss of the ability to smell.

These problems may cause issues with recognizing objects, hand-eye coordination and balance.

The health care team will check your loved one’s senses and their effect on his or her ability to do daily tasks. The team will work with your loved one on strategies to compensate for these changes with therapy and other treatments. Patients with vision and visual/perceptual problems may be referred to the NeuroVision Clinic for further assessment and treatment.

Bowel and bladder problems
Bowel and bladder function is controlled by the brain. It is common to have problems after a brain injury. Your loved one will work with the health care team to create a program to improve control and address issues, such as incontinence, diarrhea, constipation and retention. Bowel and bladder care is discussed more later in this book.
If your loved one has problems swallowing, also called dysphagia, he or she will work with a speech language pathologist (SLP) to learn strategies to make swallowing easier and safe. These may include:

- Changes in food texture or size.
- Muscle exercises to strengthen the face, mouth and throat.
- Using certain head and neck positions, such as a chin tuck, to prevent food from entering the trachea when swallowing.

Other treatments, such as surgery, may be done as needed to ensure the person’s body gets the nutrition it needs.

Seizures

Some patients have seizures after a brain injury. Seizures are sudden, uncontrollable, electrical changes in the brain that disrupt normal function. Seizures can cause signs, such as staring spells and convulsions. Most seizures last from 30 seconds to 2 minutes and do not cause lasting harm. If a seizure lasts longer than 3 minutes or if the person does not wake up between seizures, it is a medical emergency. People who have reoccurring seizures may be diagnosed with epilepsy. Seizures are discussed more on the next page of this book.
Seizures

Seizures are one of the problems that can happen after brain injury. Seizures are sudden, uncontrollable, electrical changes in the brain that disrupt normal function. Most seizures cause a loss of awareness and uncontrolled body movement. There are many types of seizures, and signs may differ based on the part of the brain affected. Most seizures last from 30 seconds to 2 minutes.

If you or your loved one has never had a seizure before or if the seizure lasts longer than 3 minutes:
• In the hospital, push the call button.
• At home, call 911 right away.
A person with epilepsy should always wear a medical alert necklace or bracelet.

Signs of a seizure

Before the seizure, a warning sign, called an aura, may occur. The aura may be a headache, changes in vision, hearing noises or smelling a scent, such as smoke.

During the seizure, these signs may occur:
• Staring spells
• Facial twitching
• Problems breathing
• Black outs, loss of memory or confusion
• Drooling
• Problems controlling the bowels or bladder
• Convulsions or uncontrollable body motions, such as chewing motions, body stiffening, jerking or lip smacking
• Changes in sensation or vision

After the seizure, the time before you or your loved one wakes up is called the postictal state. Most people are very tired and confused during this time.

Types of seizures

Knowing the type of seizure you or your loved one has helps the doctor find the best treatment. There are two main types of seizures:
• Partial seizures, also called focal seizures, that affect one part of the brain.
• Generalized seizures that affect both sides of the brain.

Sometimes, a seizure may start in one part of the brain then spread to another part. This is called a secondary generalized seizure.

Testing and treatment

Your doctor will ask you about your signs and may order one or more tests to check the cause of the seizure. An electroencephalogram (EEG), a test that looks for abnormal brain activity, is the most common test. Brain scans, blood tests and other tests to measure motor skills, behavior and cognition may also be done.

Anti-seizure medicines may be ordered to control seizures. Your doctor may discuss other treatments with you.
Seizure triggers

For patients with epilepsy, some factors may make a seizure more likely to occur. These include:

- Lack of sleep
- Stress
- Alcohol and drug use
- Smoking cigarettes
- Hormonal changes, such as with a menstrual cycle

Talk to your doctor if you have a seizure.

Your medicine, how often you take the medicine or the amount of the medicine you take may need to be changed.

How to help your loved one

During the seizure:

- Keep calm and let your loved one know you are there to help.
- **Do NOT** hold him or her down.
- Time how long the seizure lasts. Seizures can last from seconds to several minutes.
- Protect your loved one from injury by moving nearby objects.
- Loosen tight clothing, especially around the neck.
- Turn your loved one on his or her side.
- **Do NOT** put anything into your loved one’s mouth.
- **Do NOT** start CPR. If your loved one does not start breathing after the seizure has stopped, call 911 and then start CPR.
- Stay with your loved one until his or her breathing is normal, and he or she is fully awake.

After the seizure, allow your loved one to lie quietly. It may take some time for him or her to be fully alert. When your loved one wakes up, call him or her by name. Speak calmly and tell your loved one what happened and where they are.

If your loved one is injured, take him or her to a doctor’s office, urgent care or emergency room.

Write down what happened during the seizure as soon as possible. Be sure to share with the health care team:

- Any warning signs before the seizure started.
- The parts of the body the seizure affected or injured.
- How long the seizure lasted.
- What your loved one was doing before and after the seizure.

Call 911 if:

- The seizure lasts more than 3 minutes.
- A second seizure starts shortly after the first one stopped.
- Your loved one is not breathing or does not wake up after the seizure has stopped.

Living with seizures

Seizures can affect daily living, self-esteem and freedom in daily activities. You may not, for example, be able to drive for six months after a seizure.

If you or your loved one has depression, trouble sleeping, trouble eating or functioning, talk to the doctor or any member of the health care team. Seek out support groups to share experiences, frustrations and tips on how to cope with seizures.
Cognitive Changes

Cognitive changes can occur after a brain injury. Cognition is the thinking skills that helps a person process and use information. It includes problem solving, safety awareness, memory, organization and decision making, also called executive function. In therapy, the person will work on strategies to improve these thinking skills.

Cognitive changes may affect the ability to:

- Pay attention
- Solve problems
- Remember
- Learn
- Organize thoughts
- Act on what is being said
- Know people
- Know where he or she is and what time and day it is
- Control impulses and make good decisions
- Understand sequencing or the order of when things happen
- Respond well to what is being said
- Know when and how to start a task
- Plan the steps needed to carry out a task
- Keep track of time with appointments and routines
- Know when to correct behavior
- Know what to say and do when with others

Tips to help your loved one

- Face the person when you speak to him or her.
- Talk in a place that is quiet and free of distractions.
- Be sure you have the person’s attention before you start to speak.
- Speak slowly, clearly and at a normal volume.
- Give the person time to think and respond to what you have said.
- Repeat what you said if the person did not understand. You may need to say it in another way.
- Let the person speak for him or herself.
- Encourage the person to be part of the conversation.
- Try to have only one person talk at a time.
- If the person is getting off topic, use spoken reminders to get back to the topic.
- If the person is talking too much, use gestures or spoken reminders to signal your turn to talk.
- Limit the amount of conversation when the person is tired or uncomfortable. Encourage visitors when the person is rested and relaxed.
- If the person gets confused or forgets, remind him or her of the correct information. For example, the person talks about a visit from a friend on Sunday when the visit had been on Friday. You may say, “Yes, you’re right. She did come to visit on Friday afternoon.”
• If you do not understand what the person has said, tell them. Explain what you did not understand and why.
• Write out the tasks that need to be done and break each task down into simple steps. Keep instructions short and simple. Instead of saying, “Get the trash ready for pick up”, review each step:
  ‣ Get the waste baskets from the kitchen and bathroom.
  ‣ Empty the waste baskets into the garbage can.
  ‣ Take the garbage can down to the curb.
• Avoid distracting the person when he or she is working on a task.
• Lay out items needed to complete a task to make it easier.
• Give extra time to complete tasks.
• Recheck a completed task so that the routine gets easier.
• Create safety stickers as reminders for areas where injury can happen, such as in the kitchen when cooking.
• Keep social contact to a few people at a time.

Mental fatigue is a common problem after brain injury. It can cause your loved one to feel weary, tired or lacking in energy. It can make thinking and doing tasks more difficult.

**To help, encourage your loved one to:**
• Do tasks that are physically or mentally demanding in the morning when he or she is “fresh”.
• Break a large task into several smaller tasks. Rest between these tasks to manage energy.
• Do activities he or she enjoys.
• Gradually increase the time spent on an activity as stamina improves, such as working a few hours a day to start then increasing hours over time.

**To help, encourage your loved one to:**
• Exercise. Talk to the health care team about the best and safest activities.
• Get a good night’s sleep.
• Eat a healthy, well-balanced diet.
• Get help for feelings of depression or anxiety.
• Talk to the health care team if he or she has chronic pain.
• Manage stress.

If your loved one’s fatigue does not improve or if it prevents him or her from doing daily activities, **talk to a member of the health care team**.
Communication Problems

Brain injury may cause problems with the ability to express ideas through speaking or writing. The person may also have trouble reading and spelling. Problems with social communication may affect the person’s ability to take part in conversations or understand subtleties of conversation like sarcasm or a change in tone. The person may seem overly emotional or lacking in emotion and be unaware of how these problems are perceived by others.

Physical changes can also affect communication. Weak muscles of the face, mouth and tongue can make it hard to speak clearly or loudly enough to be understood. Problems with the coordination of speaking and breathing may also affect speech.

The speech language pathologist (SLP) will check speech patterns, issues and concerns. He or she will develop a treatment program and give suggestions to help with speech.

**Tips to help your loved one**

- Talk in a place that is quiet and free of distractions. Turn off the TV and close the door.
- Be sure you have the person’s attention before you start to speak. Use gestures or verbal cues to remind the person to look at you.
- Allow extra time for communication.
- Speak slowly, clearly and at a normal volume.
- Encourage the person to be part of the conversation. Ask questions that need more than a yes or no answer.
- Limit the amount of conversation when the person is tired or uncomfortable.
- Try to have only one person talk at a time.
- If the person is getting off topic, use spoken reminders to get back to the topic.
- If the person is talking too much, use gestures or spoken reminders to signal your turn to talk.
- Repeat or write down important information.
- Give positive feedback.
Behavior Changes

Changes in behavior are common in people with brain injuries. Over time, some of the behaviors may lessen or stop. Others may be long term. There are things you can do to help your loved one with these behavior changes.

Agitation and aggression

Your loved one may be restless, irritable, and even ready to fight. This is often due to overstimulation and is common during the healing process. Do not argue with your loved one. Instead, try these tips.

To help your loved one:

- Keep tasks simple and limit stimulation. Dim lights, reduce noise and limit visitors.
- Be consistent with the schedule.
- If possible and safe, let your loved one move around or talk during times of agitation. This may help him or her release some energy.
- Plan rest periods in a quiet space with little to no stimulation.
- Stay calm.
- Maintain a relaxed posture and position yourself to maintain safety.
- Don’t talk your loved one through the agitation or make them feel bad because they acted this way.
- Remain flexible.
- Be direct. Identify what you need your loved one to do in a calm, simple and positive approach.
- Redirect your loved one to a less frustrating or stimulating task until the agitation lessens. End the task if redirection is unsuccessful.

- Watch for a build up of tension. Intervene before your loved one is ready to fight.
- Be consistent with the strategies you use to intervene.

It is not easy to see your loved one in this state. He or she won’t likely remember this stage of recovery. If you feel overwhelmed, take a break. Staff are here to provide supervision and structure to keep your loved one safe.

Confusion

After your loved regains consciousness after brain injury, he or she may have post-traumatic amnesia (PTA). PTA is a period of recovery where your loved one has confusion and is not able to remember recent events. This confusion should lessen over time.

To help your loved one be aware of where they are, what time it is, and what they will be doing:

- Have a calendar and clock in the room where he or she can easily see them.
- Plan a consistent schedule of activities. Post this schedule where he or she will see it.
- Practice a consistent routine within and between activities.
- Remind your loved one of what is next on the schedule by telling him or her and pointing to it on the schedule.
• Before you help with an activity, tell him or her what you are going to do. Use simple words that are easy to understand.

Impulsive
Your loved one may have problems with impulse control and self-awareness. He or she may often act before considering other options. These actions may disregard his or her own personal safety.

To help your loved one:
• Stay one step ahead and be consistent with the strategies you use to intervene.
• Have your loved one pause before starting a task. Remind him or her to think about how to do the steps of the task.
• Use words to review the steps of an action before starting a task.

Lack of inhibition
Your loved one may lack judgment or behave in an inappropriate way. This may be sexual in nature.

To help your loved one:
• Use the term “self-control” to cue your loved one to decrease or stop the behavior.
• Give calm, direct feedback right away. Be specific about the behavior that is not appropriate. For example, “I do not like your comments about my appearance.”
• Suggest alternate behaviors.
• Do NOT reward behavior with negative attention or an emotional response.
• Do NOT ignore the behavior with a humorous response.
• Be consistent with the strategies you use to intervene.

Perseveration
Your loved one is focused on one thing and is not able to transition from one task to another. He or she may say the same word or phrase over and over. He or she may do the same movement or task over and over.

To help your loved one:
• Do NOT use logic to stop repetitive behavior. Instead, redirect your loved one to another task. Pace your intervention to allow your loved one time to transition.
• Use of a schedule may help your loved one keep to the task at hand.

Confabulation
Your loved one may create stories about their injury or life events. He or she is not aware that these stories are false and is not actively lying. Your loved one’s brain is creating stories to fill in information that is hard to recall.

To help your loved one:
• Ignore the stories.
• If your loved one is a higher functioning patient, give calm feedback about the story and then redirect to another task.

Apathy
Your loved one may not be motivated and may not see that anything will help. You may notice a lack of interest and he or she may seem numb to life.

To help your loved one:
• Encourage your loved one to take part in an activity.
• Avoid overwhelming your loved one with choices. Present two options to choose from rather than a yes or no choice where they’ll most often say no. For example, “Do you want to go for a walk or would you rather do your arm exercises now?” rather than “Would you like to go for a walk now?”
• Let the person choose what activity he or she wants to do.
• Do activities your loved one enjoys more often.
• Remind him or her of progress made. Show progress on a graph or chart.

Noncompliance
Your loved one may refuse or fail to follow instructions or a request. This refusal may be as a means of gaining control of his or her situation or because he or she does not understand what is being asked of them.

If your loved one is trying to gain control, give him or her two task options and ask your loved one to choose what to do first.

If your loved one lacks understanding, give a different explanation of how to do task. Use visuals or demonstrate what you would like him or her to do. Written instructions may be helpful or make the request again later to give your loved one extra time to process the information.

Lack of initiative
Your loved one may want to do an activity, but he or she can't figure out how to do it. He or she may not know the first step to getting started or cannot figure out the correct order of steps to follow to do something. Often, he or she may not be aware that this is the problem and makes other excuses.

To help your loved one:
• Set up a routine. This will help your loved one relearn behaviors over time.
• Limit distractions.
• Give word cues to help your loved one move to the next step. Use the same word cues with the activity each time.
• Move to other cues that do not require you to be there. For example, post a list of how to set up for dressing in the room where your loved one dresses. Keep the cues simple and easy to read from a distance.
• After success with written cues, give simple word statements that your loved one can say out loud or think to himself as he or she does the activity. These become self reminders. Keep them simple and easy to learn.
Emotional Changes

Emotional changes are common in people with brain injuries. You may notice that your loved one feels or expresses his or her emotions differently. This may include mood swings and feelings of anxiety, depression, anger and frustration. There are things you can do to help your loved one with these emotional changes.

Mood swings
After a brain injury, it may be hard for your loved one to control his or her emotions. He or she may fluctuate between feelings of happiness and sadness. Your loved one may express emotion in a way that is unrelated to how he or she is actually feeling, such as laughing or crying for no apparent reason. He or she may also lack empathy if emotions are hard for him or her to recognize.

Anxiety and depression
Feelings of anxiety or depression are common and may occur from changes to the brain or from problems adjusting to life after brain injury. Depression and resources, such as support groups, are discussed more later in this book.

Anger and frustration
Your loved one may:
• Have angry outbursts or be quick to anger.
• Be verbally or physically aggressive.
• Be easily frustrated.
• Be less patient.
• Have a hard time with change or new situations.

How to help your loved one
• Talk to the health care team about treatment options, such as counseling and medicines. Consult with a psychologist to learn strategies to help.
• Seek help right away if your loved one is greatly distressed or has thoughts of suicide.
• Learn relaxation techniques to reduce stress and anxiety. Practice these techniques with your loved one.
• Learn what triggers an emotional outburst. Avoid these triggers or redirect your loved one when they occur.
• Set rules for healthy communication, such as no yelling, threatening or hurting. Encourage your loved one to take a break and go for a walk when he or she begins to feel out of control.
• When emotions are under control, talk with your loved one. Help to identify what caused the distress. Encourage your loved one to share his or her feelings and help to problem solve a solution in a calm, non-judging way.
• Find a support group.
• Encourage structured activities like exercise and leisure activities.
Depression

Grief and feelings of loss are common after many illnesses. Dealing with life after a brain injury involves adjustment. As you or a loved one learns to deal with changes in your lives, you may have feelings of sadness, anxiety, frustration or anger. When these emotions change into depression, it is important to seek help.

Depression is a common emotional reaction to brain injury. Sometimes, depression is caused by the physical damage that the injury causes to the brain. Depression often appears in the first 3 months, but the risk can be there for a year or longer. It is common for depression to occur during the later stages of recovery when there is less confusion and the person becomes more self-aware. Depression can hamper recovery and rehabilitation. Talk to your doctor if you are feeling depressed or sad.

Signs of depression

When a person is depressed, he or she has several signs nearly every day that last at least 2 weeks.

Check (√) off any signs you or a loved one has had for 2 weeks or more:

- Loss of interest and pleasure in activities you used to enjoy
- Feeling sad, blue, empty or down in the dumps
- Crying more than usual
- Feeling slowed down or restless and unable to sit still
- Feeling worthless or guilty
- Feeling pessimistic or hopeless
- Feeling anxious or worried
- Changes in appetite or weight loss or weight gain
- Change in sleep patterns – being unable to sleep or sleeping too much
- Problems concentrating, thinking, remembering or making decisions
- Withdrawing from people or events you normally enjoy
- Loss of energy or feeling tired all of the time
- Sexual problems

If you have any of these symptoms for more than 2 weeks, or if you have had thoughts of suicide or of trying to harm yourself or others, talk to your doctor.

Preventing depression

- Learn about brain injury to help lessen your fears. Talk to your health care team about your questions and concerns.
- Make the most of rehabilitation and keep a journal to track your progress. The more you recover, the better you will feel.
- Spend time with family and friends. Talk about your feelings.
- Maintain interests and hobbies.
- Exercise.
- Talk to your doctor or other members of your health care team as soon as you notice signs of depression.
Where to get help

- **In the hospital**, talk with your nurse, doctor, psychologist, social worker, or therapist. They can provide or recommend help for you.
- **After discharge**, talk to your primary care physician or social worker.
- **To make an appointment or get a referral**, call OSU Rehabilitation Psychology at (614) 293-3830. They can give you information about available mental health services.
- **In an emergency**, call 911 or go to or call the OSU Emergency Department at (614) 293-8333.

Treatment for depression includes counseling, medicines or both. If you start medicines for depression, do not stop taking them without talking to your doctor first.

Resources and support

- **Brain Injury Association of America**
  1-800-444-6443
  [www.biausa.org](http://www.biausa.org)

- **Brain Injury Association of Ohio**
  1-866-644-6242 or 614-481-7100
  [www.biaoh.org](http://www.biaoh.org)

  Columbus area support groups:
  - **Dodd Hall survivors of brain injury support group** meets in room 2156 the 1st Tuesday of each month from 5:30 to 7:00 PM. Call 293-3830 for more information.
  - **Dodd Hall spouse support group of persons with TBI** meets in room 2156 the 3rd Monday of each month from 4:00 to 5:30 PM. Call 293-3830 for more information.
  - **Grandview Heights Library support group** meets the 4th Wednesday of each month from 6:30 to 8:15 PM. Call 481-7100 for more information.

  For support groups outside of Columbus, visit the website, [www.biaoh.org](http://www.biaoh.org).

- **brainline.org**
  1-703-998-2020
  [www.brainline.org](http://www.brainline.org)

- **Depression and Bipolar Support Alliance**
  1-800-826-3632
  [www.dbsalliance.org](http://www.dbsalliance.org)

- **HandsOn Central Ohio**
  Call 2-1-1, 24 hours a day.
  [http://handsoncentralohio.org/](http://handsoncentralohio.org/)

- **Mental Health America**
  1-800-969-6642
  [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)

- **National Institute of Mental Health**
  1-866-615-6464, 1-866-415-8051 (TTY)
  [www.nimh.nih.gov](http://www.nimh.nih.gov)

- **National Suicide Prevention Lifeline**, 1-800-273-TALK (8255)
- **Netcare Crisis Hotline**, (614) 276-2273
- **North Central Mental Health Services, Suicide Prevention 24-hour Hotline**, (614) 221-5445

24-hour services
Deep vein thrombosis (DVT) occurs when a blood clot forms in a large vein. It most often occurs in the legs as a result of slow circulation. Part of a clot may break loose and travel to the lungs, causing a pulmonary embolism, a serious medical condition.

Sitting or lying for a long time can increase your risk for DVT. Treatment includes medicines to ease pain and inflammation, break up clots and keep new clots from forming.

Learn to recognize early signs of DVT and how to prevent it.

**Signs of DVT**

**Deep Vein Thrombosis**
Most people have no signs. When signs occur, they tend to be in the affected part of the body, such as the leg.

Common signs include:
- Swelling
- Pain or tenderness
- Increased warmth in the area that is swollen or painful
- Redness of the skin

**Pulmonary Embolism**

Common signs include:
- Shortness of breath
- Pain with deep breathing
- Coughing up blood
- Rapid breathing
- Faster than normal heart beat

If you have any of these signs, seek medical help right away.

**How to prevent DVT**

- Move around as much as possible. You may be told to do these exercises:
  - Raise and lower your heels.
  - Raise and lower your toes.
  - Tighten and release your leg muscles.
- Wear compression stockings during the day time hours to prevent swelling.
- Wear sequential compression devices (SCDs) when in bed or sitting in a chair. The sleeves wrap around your legs and inflate with air to compress your legs and improve circulation.
- Take medicine, called anticoagulants, to prevent DVT. This medicine is given by mouth or as a shot into your stomach based on your risk for blood clots.
- Wear loose-fitting clothes.
- Drink plenty of water, at least eight, 8-ounce glasses a day. Avoid drinking anything with alcohol or caffeine in it.
- Exercise regularly.
- Maintain a healthy weight.
- Do not smoke.
Bowel Care

The area of the brain that receives nerve signals from the rectum to have a bowel movement may be damaged after brain injury. This can cause bowel problems. Your diet, less activity and certain medicines may also affect stool consistency. Symptoms may include loss of control (incontinence), loose bowel movements (diarrhea) or hard bowel movements (constipation).

Work with your doctor and nurse to create a daily bowel care program. This will help you avoid embarrassment and spend less time on bowel care.

Bowel care program

- Keep a record of your bowel movements.
- Have a routine. Pick a regular time for sitting on the toilet or commode, such as after a meal or shower. While in the hospital, you may be asked to sit on the toilet 2 or 3 times a day.
- Be patient. It may take 15 to 45 minutes to have a bowel movement. Sit on the toilet until you feel that your bowel is empty.
- Gently rub your stomach to help stool move through your colon.
- When you feel the urge to have a bowel movement, use the toilet right away. Do not wait.
- Drink plenty of water, at least eight, 8-ounce glasses a day.
- Eat fiber-rich foods such as fruits, vegetables and whole grains.
- Talk to your doctor or nurse about taking medicine to help.

Incontinence

- Limit milk, fruit juice, raw fruits, beans and peas. These foods irritate the bowel and can cause diarrhea.
- Learn to be aware of small signs that you need to have a bowel movement, such as feeling restless or cranky, passing more gas, or having nausea or bowel cramps.
- Sit on a toilet or commode for about 20 to 30 minutes after you eat.

Diarrhea

- Limit milk, fruit juice, raw fruits, beans and peas. These foods irritate the bowel and can cause diarrhea.
- Talk to your doctor about the medicines you are taking. Some medicines, like antibiotics, can cause diarrhea.

Constipation

- Keep active. Walk if you can or if you use a wheelchair, ask your health care team about exercises.
- Drink prune juice daily.
- Use K-Y jelly, petroleum jelly or mineral oil to lubricate your rectal opening.
- Talk to your doctor or nurse about taking an enema, stool softener or laxative to make bowel movements softer and to help empty the bowel.
- Talk to your doctor about the medicines you are taking. Some medicines, like pain pills, diuretics (water pills) and anti-seizure medicines, can cause constipation.
Bladder Care

Bladder function is controlled by the brain. Injury to the brain may cause bladder problems, such as:

- **Incontinence**: Not being able to control when the bladder empties of urine or not being aware of the need to use the toilet.
- **Retention**: Not being able to fully empty the bladder of urine.

**Work with your doctor and nurse to create a daily bladder care program** to improve bladder control and reduce your risk of urinary tract infection (UTI).

- **Signs of UTI include**: pain or burning when you urinate, fever, an urge to urinate often, pressure in your lower belly, urine that smells bad or looks cloudy or reddish, and pain in your back or side below the ribs.

**Bladder care program**

- Keep a record of when and how much you urinate.
- Have a routine. Use the toilet or bedside commode at regular times, at least every 2 to 4 hours, during the day and night. Use the toilet before therapy and exercise.
- If your skin gets wet from urine, wash it with soap and water and rinse well. Keep skin clean and dry to prevent skin irritation and sores.
- After bathing, use a moisturizer and a barrier cream, such as petroleum jelly, zinc oxide or diaper cream, to keep water and urine away from the skin.
- Drink plenty of fluids, at least eight, 8-ounce glasses a day, to help wash out bacteria out of the urinary tract and prevent infection. Water and cranberry juice are helpful.
- Do not drink anything 2 to 4 hours before bedtime. Empty your bladder before bedtime to prevent an accident at night.
- **Talk to your doctor or nurse about taking medicines to help.**

**Incontinence**

- Use the toilet or bedside commode at regular times, at least every 2 to 4 hours.
- Look at your record of how often you urinate. See if there is a common time of the day that incontinence occurs. Use the toilet 30 minutes before that time.
- Practice your rehab exercises to improve pelvic muscle tone.
- Talk to your doctor or nurse about using urinary incontinence products, such as pads and adult diapers. Change these regularly, even if you are dry, to keep your skin healthy. You may also want to use washable waterproof pads under sheets and on chairs to protect furniture.
- Male patients may use a condom catheter to collect urine.

**Retention**

- Take prescribed medicine as ordered by your doctor.
- Nursing staff may use a bladder scanner to assess your post-void residual (PVR). This measures the amount of urine left in your bladder after urinating.
- Use **intermittent catheterization**, also called self catheterization or straight cath, if ordered by your doctor. This type of tube is put into the bladder only long enough to drain urine. Once the bladder is empty, the tube is removed.
Positioning for a Person with Impaired Mobility

**Sitting up**

These guidelines for sitting up will help you relax, prevent or decrease pain, and prevent muscle tightness.

- Sit with your buttocks completely back in the wheelchair. Keep your hips and knees at a right angle and your feet flat on the floor. Place the foot of your affected side on the foot rest while your wheelchair is in motion.
- Keep your head and body in line with your hips. You may need to use a pillow or wedge to help distribute your weight evenly on both buttocks.
- Support your affected arm with pillows, a table, trough or half lap board if in a chair.
- Place your affected shoulder slightly forward. Support the wrist and hand.
- Sit with your body at a right angle in bed. Do not slouch.
- Check your skin often for redness, bruising or breakdown.
Lying down

These guidelines for lying down will help you relax, prevent or decrease pain, and prevent muscle tightness. The shaded areas in the illustrations are the affected side.

- Place flat pillows under your head and limbs for support. Place your wrist and hand straight on a pillow, not drooped or fisted.
- Keep your shoulder forward.
- Keep your hips and knees bent.
- **Do not lie in one position for longer than 2 hours.**
- Check the skin often for redness, bruising or breakdown.
Rehabilitation Overview

After brain injury, the goal of rehabilitation is to return you to the highest quality of life at home, at work and in the community. We offer many types of therapy to help you with your recovery. You will take part in your own care and practice the skills learned in therapy in your room with the help of nursing staff. The therapy is tailored to you, so you will be involved in planning your treatment.

Therapy goals

We will work with you to improve your ability to:

• Swallow safely.
• Communicate with family and friends.
• Interact well with family, friends and staff.
• Concentrate when doing tasks.
• Do more than one task at a time.
• Stand and walk without help.
• Safely move in your environment. This includes being able to move in and out of bed, on and off the toilet, in and out of the car, in and out of the shower/bathtub, up and down stairs, and on and off the floor.
• Do an activity over a long period with no breaks.
• Dress, groom, eat and bathe.
• Clean, cook and make plans.
• Do hobbies, leisure activities and sports.

Therapy strategies

Practice the skills and exercises you learn from your health care team members (doctors, nursing staff, dietitians and therapists) when you are in your room. Your progress is reviewed by staff each week.

Therapy strategies:

• Are task focused and tailored to your physical needs and lifestyle.
• Improve a skill with repetition.
• Address the different ways in which you move.
• Are challenging so that progress is made over the long term.

You may see the most improvement and recovery the first two years after your brain injury.
Activity Restrictions

To keep you safe, we will talk to you about the activities you can do on your own, you can do with assistance, and you need to avoid. Please let us know what activities you enjoy, so we can help you prevent injury.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>Yes with supervision</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IADL (Instrumental Activities of Daily Living)</strong></td>
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<tr>
<td>Cooking and meal prep</td>
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<td>Drinking alcohol</td>
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<td>Driving</td>
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<td>Heights, such as using a ladder or footstool</td>
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<td>Medication management</td>
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<td>Money management</td>
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<td>Pet care</td>
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<td>Taking non-prescription, over the counter medicines</td>
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<tr>
<td>Lawn work</td>
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<td>Light housework</td>
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<tr>
<td>Operating power equipment such as drills, saws and mowers</td>
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<td><strong>Leisure Activities</strong></td>
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<tr>
<td>Air hockey, billiards or foosball</td>
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<tr>
<td>Amusement park rides</td>
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<td>Fishing</td>
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<td>Hunting</td>
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<tr>
<td>Lawn games, such as croquet, corn hole, bocce ball and horseshoes</td>
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<tr>
<td>Putt putt golf</td>
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<tr>
<td>Activity</td>
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<td>Riding motorcycles or all-terrain vehicles</td>
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<tr>
<td>Shuffle board</td>
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<td>Table tennis</td>
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<td>Video games</td>
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<tr>
<td><strong>Physical Activities</strong></td>
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<tr>
<td>Aerobics</td>
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<td>Badminton</td>
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<td>Baseball or softball</td>
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<td>Bicycling</td>
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<tr>
<td>Boxing</td>
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<tr>
<td>Climbing activities</td>
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<tr>
<td>Contact sports, such as football, soccer, basketball and volleyball</td>
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<tr>
<td>Dancing</td>
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<tr>
<td>Diving</td>
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<tr>
<td>Downhill or cross country skiing; snowboarding</td>
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<tr>
<td>Golf</td>
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<tr>
<td>Gymnastics</td>
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<td>Hiking</td>
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Relaxation Techniques

Learn relaxation techniques to reduce stress and anxiety. Try different techniques to find what works best for you. Practice these techniques often and your ability to relax will improve over time.

**Listening to music**
Listen to your favorite music by itself or play music while using another relaxation technique. Look for new music that is soothing to you and helps you to feel calm and relaxed, such as classical music or nature sounds.

**Physical exercise**
Exercise is a good way to lower stress. It can also help you prepare for relaxation by releasing muscle tension in the body. Exercise releases a natural body substance, called endorphin, that creates a feeling of well-being.

**Progressive muscle relaxation**
Focus on a muscle group. Alternate tensing and relaxing these muscles. Use this technique on different muscle groups throughout your body.

**Breathing exercises**
1. Find a quiet room.
2. Turn on music that you find relaxing.
3. Get into a relaxing position. Do not fold your arms or legs as this may cut off your circulation, causing numbness and tingling.
4. Close your eyes and think of an image in your mind that will help you to relax, such as a calm, peaceful setting or a place you have enjoyed visiting.
5. Breathe in deeply. Hold your breath and tense your muscles. Keep them tense for a second or two.
6. Relax your muscles as you breathe out.
7. Starting with the muscles in your lower legs, work your way up your body to your head, tightening and relaxing each muscle group.

**Positive thinking**
Thinking negative thoughts can affect your health, causing stress and muscle tension. Create some positive statements to replace negative self-talk. Repeat these statements to yourself and use them to motivate you as you cope with changes. Some examples:
- I am doing the best that I can.
- I respect myself.
- I care for my well-being.
- I will try again.

With practice, positive thinking will help you to reduce stress as you learn to view yourself and your situation in a positive light.
Imagery exercises

Close your eyes and think of a time and place when you felt safe and comfortable. Imagine those surroundings, sights, smells and sounds. Bring as much of that experience back to the here and now as possible. When you feel ready, take a deep breath and open your eyes.

Aromatherapy

Aromatherapy is the use of essential oils from plants as therapy to improve well-being. Some oils, such as lavender, are thought to produce a calming effect. The oils can be inhaled or applied in a diluted form to the skin. Dodd Hall has 2 aromatherapy machines and 3 oils, including:

- **Lavender** for insomnia, congestion, headaches and stress
- **Peppermint** for nausea and headaches
- **Lemon** for air purification and nausea

Please let staff know if you are interested in aromatherapy.

Other resources

Look for other resources, such as books, music with guided meditation and mobile apps to support relaxation and stress reduction.
Sexuality is more than being male or female. It includes your emotions, feelings, experiences and hopes for the future. Each person expresses sexuality in different ways. Sexual expression includes touching, talking, hugging, fantasizing, kissing or just holding hands. It can also include sexual intercourse.

**You Are Still a Sexual Person**

**When can intercourse begin after brain injury?**

You can have intercourse as soon as your doctors think you are medically stable. Most often, if people have sexual problems after a brain injury, they are “thinking” problems rather than “doing” problems. These problems may be due to changes in how you feel about yourself or feelings of depression, fear or anxiety.

Before you begin sexual activity, talk to your doctor or nurse about protection from unplanned pregnancy and sexually transmitted infections. A woman can still get pregnant after a brain injury even if her menstrual cycle has not returned.

**Are sexual problems common after brain injury?**

Changes in sexual functioning are common and may be caused by:

- **Medical and psychological problems,** especially if you have feelings of depression. You may have changes in your desire to have sex or your ability to feel arousal or reach orgasm. Low energy and problems moving may make it hard to have sex.

- **Physical problems.** You may need to change how you engage in sexual activity. If you have impaired mobility or spasticity, talk to your partner about trying new positions. If you have bladder or bowel accidents during your daily activities, you may also have them during sex. Use the toilet before sex and place a washable waterproof pad under your hips. Talking and practicing are key to sexual enjoyment after a brain injury.

- **Fear of being unattractive.** Share your fears, wants and needs with your partner. Your partner can help by being more open and expressive. Even though some things have changed, remember that you are still loved and desired.

**Talk to your health care team about any problems you have.** There are things to help.

**Can the drugs I take affect my desire to have sex?**

Yes. Talk to your doctor about your symptoms. Your ability to have an erection and to ejaculate or achieve orgasm may also change. This varies from person to person. Do not stop taking your medicines without talking to your doctor first.

**What are some tips for beginning a sexual relationship again?**

Talk openly and learn as much as you can. Practice and being willing to try new things are important factors in a sexual relationship. Ask any member of your health care team for information about being sexual again.
Taking a Wheelchair Up and Down Stairs and Curbs

Going up the stairs

Two people are needed to get the wheelchair up the stairs. Do NOT try this with one person. It is unsafe. The stronger of the two people should be behind the wheelchair. This person will do most of the lifting.

1. Back the wheelchair up to the stairs.
2. Get into position:
   - One helper gets on the stairs and holds the handles. **Make sure that the handle grips do not slip off.** Have one foot on the step above the wheelchair and the other foot on the next higher step.
   - The other helper gets in front of the wheelchair and holds onto its frame just above the front wheels. **Do NOT hold onto any parts that can come off, such as the footrests or armrests.**
   - Both helpers should bend their knees and arch their backs before lifting.
3. Together, both helpers tilt the wheelchair back finding the balance point where only the back wheels are on the step.
4. Gently lift and roll the wheelchair up onto the next step. If the person in the wheelchair is able to help, he or she should pull back on the wheels.
5. The helpers should reposition themselves on each step after each lift.
6. After going up all the steps, keep the chair tilted back until the front wheels clear the top step. Gently lower the wheelchair so that all four wheels are on the ground.

Going down the stairs

You will need two people to get the wheelchair down the stairs. Do NOT try this with one person. It is unsafe. The stronger of the two people should be behind the wheelchair. This person will do most of the lifting.

1. Roll the wheelchair forward to the stairs.
2. Get into position:
   - One helper gets in back of the wheelchair and holds onto the handles. **Make sure that the handle grips do not slip off.**
• The other helper gets on the stairs in front of the wheelchair and holds onto its frame just above the front wheels. **Do NOT hold onto any parts that can come off, such as the footrests or armrests.** Have one foot on the second step and one foot on the third step.

• Both helpers should bend their knees and arch their backs before moving the wheelchair.

3. Together, both helpers tilt the wheelchair back finding the balance point where only the back wheels are on the step.

4. Gently roll the wheelchair down each step.

5. The helpers should reposition themselves on each step after each lift.

6. When the chair is at the bottom of the stairs, gently lower the wheelchair so that all fours wheels are on the ground.

**Going up a curb**

1. Push the front wheels of the wheelchair straight up to the curb.

2. Tip the wheelchair back and put the front wheels up on the curb.

3. Push the wheelchair forward until the back wheels are in contact with the curb.

4. Use your hip on the back of the wheelchair to push it forward and up onto the curb.

**Going down a curb**

1. Tip the wheelchair back onto its the rear wheels then walk forward until the front wheels and leg rests are clear of the curb.

2. Use your hip against the back of the chair. Stand sideways with your feet wide and shift your weight to your back leg. Lower the back wheels down the curb.

3. Slowly lower the front of the wheelchair down to the ground.
How to Adapt an Entrance for a Wheelchair

If you use a wheelchair, you may need to change the entrance of your home for easier access. You may need to have sidewalks, ramps, platforms and lifts installed. Check with your city about the building codes, rules and regulations that may affect installation. **Building permits may be required.**

**Sidewalk leading to a ramp**

Sidewalks are recommended to be at **least 36 inches wide** to accommodate the average width of a wheelchair of 27 to 29 inches.

- Use solid materials for the sidewalk, such as cement, brick or wood. They provide a smooth surface for the wheelchair to travel over and make snow removal easier in the winter.
- Make the sidewalk slightly higher than ground level so that water will drain.

**Ramps**

Plan for a ramp to be 3 to 4 feet wide. The length of the ramp depends on the **total height of your entry steps** (ground to threshold rise). The standard ratio for ramps is 1:12. This means each inch above the ground (rise), you will need 12 inches or 1 foot of ramp length.

- Use a non-slip surface on the top of the ramp, such as a “brushed” surface on cement. A commercial non-slip floor covering or safety treads may be preferred for other surfaces. Paint mixed with sand is another option to provide a non-slip texture.
- Add lighting to make the ramp safe for night time use.
- Avoid building over stairs to allow guests stairway entry.
- Improve curb appeal by adding shrubs and landscaping near the ramp.

**Diagram:**

- Landing
- Walk
- Non-Slip
- Mark edges of ramp
- Mark beginning and ending of each ramp section with contrasting paint or tape for safety

- Ramps longer than 30 feet will need a landing for safety. Mark the beginning and ending of each ramp section with contrasting paint or tape for safety.
- Use solid materials for the ramp, such as wood, cement or metal.
Landings and platforms

An **entry platform**, level with the threshold, is required at the door. This platform needs to be a minimum of 5 feet wide by 5 feet long.

The **landing at the bottom of the ramp** should be at least as wide as the ramp and at least 5 feet long. If a turn is required at this landing, the minimal size is 5 feet wide by 5 feet long.

**Level platforms are needed** to break up ramps that are longer than 30 feet. If a 90 degree turn is needed, the platform must be 5 feet wide by 5 feet long. If a 180 degree turn is needed, the platform must be 5 feet wide by 8 feet long.

**Handrails**

**Handrails are required if a ramp has a 6 inch rise or greater, or if the ramp is longer than 6 feet (72 inches).**

Handrails need to:

- Be 2 inches in diameter (wood) or at least 1 ½ inches in diameter (metal).
- Extend 3 inches out from the ramp support posts and walls.
- Be mounted 30 to 34 inches above the ramp surface.
• Extend 1 foot (12 inches) past the end of the ramp and end at a post / wall or be rounded off.
• Have ramp guardrail installed 36 inches above the ramp surface.
• Have a wheel guide installed, at least 2 inches high, along both sides of the ramp floor. This will prevent the front wheels of the wheelchair from slipping off the ramp edge.

**Electric porch lifts**

Porch lifts can be more expensive than ramp construction. If there is not enough room for a ramp or if extensive ramping is required, a lift becomes an affordable option. Search for local suppliers at [www.yellowpages.com](http://www.yellowpages.com), using the search term “wheelchair lifts & ramps”. The lifts are weather proof and have a lock and key for safety and security.

**Lift considerations:**

- **Lifts must sit on a sturdy platform of 5 feet wide by 5 feet long.** Cement, bricks or patio blocks may be used.
- **You will need an outside electrical outlet.**
- **An outside light is needed for safety.**
- **You may need to build a platform “bridge”** from the lift (in its raised position) to the entry door. This platform should be at least 5 feet long.
- **The lift should be able to handle a load of 300 to 400 pounds.**
- Lifts can be ordered or adjusted to meet a variety of heights.
Planning for Discharge from Dodd Hall

Your case manager and social worker will work with you and your family to prepare you for discharge from Dodd Hall. Your care needs will be reviewed by your health care team. They will make recommendations on your length of stay and your date for discharge. **You and your family are the most important members of the team. Talk honestly with staff about your care needs.**

**Things to consider**

- **Family and caregivers are required to take part in training** to learn the skills needed to provide care at home. Therapists provide training weekdays between 9 am and 3 pm. Training by the nurses may be done in the evenings.
- **Most patients need ongoing therapy, care and support.** Your case manager and social worker will help you to explore insurance coverage for needed services. There is a lot of variation in what insurance will and will not cover. Family members may need to provide 24 hour supervision.

**Service options**

Depending on your care needs and whether family and friends are available to help, these options may be considered:

- **Home with outpatient therapy:** Therapy appointments outside of the home, often 2 or 3 times each week.
- **Home with home health care:** Home visits by a therapist or nurse, often 1 to 3 times each week. Most insurance providers do not cover the cost of home health aides to help with personal care activities, such as bathing and grooming.
- **Skilled nursing facility:** If more services and special therapies are needed, a stay in a nursing facility may be recommended.

**Medical equipment needs**

Your case manager will help you to order the equipment needed for care. Insurance providers vary as to whether they’ll cover the cost of bathing equipment, commodes, raised toilet seats and a hospital bed. Often, they will cover either a wheelchair or walker, but not both.

**Contact us**

Please call your case manager or social worker if you have questions or concerns about your plans for discharge:

- **Case Manager, Dodd 3, at 614-366-1829**
- **Social Worker, Brain Injury Team, at 614-293-7209**

**Most services may require a co-payment.** Talk to your insurance provider for details. Your case manager and social worker will help you find services and advocate for you to get the care you need.
Caregiver Education Tool

Use this tool to guide your learning throughout your stay at Dodd Hall. It will help you and your family to prepare for the care you will need after discharge. **Please bring this tool with you to your therapy sessions.** Ask staff to sign off in each area as your education is completed. If you do not feel confident in an area, do not ask for a sign off. Instead, ask a member of the health care team to spend more time reviewing the information with you. If you don’t understand something, ask us to explain it in a different way. We want you and your family to feel comfortable and confident in the training given to you, so you can successfully care for yourself at home.

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# Ticket to Discharge

**Patient:** ________________________________________________

**Primary caregiver identified:** ________________________________

**Care Coordinator:** case manager/social worker: ________________

**Discharge destination:** ________

**Discharge date:** ______________

## Day of Discharge:

- Completion of Caregiver Education Tool
- Family teaching/training complete
- Home/discharge medicines/prescriptions ready
- Equipment
- Transportation arranged
- Doctor review of discharge instructions
- Follow-up appointments made

As you prepare for discharge, make sure that all of these items are ready.

## Nursing/Medical

- Discussed primary diagnosis
- Complications
- Implications
- Discussed post discharge medical appointments
- Discussed medicines/prescriptions
- Injections (if applicable)
- Restrictions
- Completion of Caregiver Education Tool

## Therapy

- Discussed supervision/assistance needs
- Discussed equipment needs
- Completion of Caregiver Education Tool

## Discharge Planning

- Identified caregivers
- Transportation at discharge
- Successful day pass/ILA completion (if appropriate)
- Post discharge therapy arrangements completed
- Completion of Caregiver Education Tool
Portable Health Profile

Use this profile as a summary of your health care history. Keep the information current and use it to share with other doctors and members of your care team. This will help you answer questions and communicate your needs in an emergency if you are unable.

We can help you fill in information, or if you already have a profile, we can help you update it.

Name ___________________________________________ Date ________________

Emergency contact information ___________________________________________________

Insurance information __________________________________________________________

Advanced Directives / Power of Attorney:
  ☐ not established  ☐ given education to establish  ☐ attached

Hospital preference ____________________________________________________________

Immunization status ____________________________________________________________

Swallowing status _____________________________________________________________

Vision status _________________________________________________________________

Hearing status ________________________________________________________________

Please read your discharge instructions for information about your:
• Medical diagnoses / conditions
• Functional status
• Risk factors
• Allergies
• Medicines
• Equipment and devices
• Healthcare providers and doctors involved with your care
Making the Most of Visits with Your Doctor

After you leave Dodd, you will have ongoing visits with your primary care physician (PCP) and other doctors so that your well-being and recovery continues to improve. Here are some tips to help you and your family make the most of these visits.

Organize your health information

Keep your health information in a 3-ring binder, folder or file. Take this information with you to any first visit with a doctor.

Include notes about:
- Your past and present health problems.
- Any surgeries or procedures.
- Tests and the results, if known. Ask for copies of your tests and lab reports for your records.
- Any allergies.
- Vaccines that you have received.
- Your medicines.
- Health information about your parents, grandparents or siblings, if known.

Prepare for your visit

Write down:
- Any questions you have for your doctor.
- Any new symptoms or problems you have had since your last visit.
- A list of the over the counter and prescription medicines, herbs and supplements you take. Write down the name, how much you take, when you take it and why you take it. You can also bring the medicines you take in their original containers with you to your visit.

Ask a family member or friend to go with you to the visit. This person can listen and take notes while you are talking to the doctor.

Things to bring

- Insurance cards.
- Photo ID, such as your driver’s license.
- Copay, if needed.
- Your list of questions.
- Your list of medicines.

During your visit

Share the list of questions or problems you want to talk about with your doctor. If you have a new symptom, share when and how often it occurs, how it feels, what makes it feel better or worse, what you have done to treat the problem and if it prevents you from doing any activity.

Ask your doctor to explain anything you do not understand.

Ask for written instructions or make your own notes for how to care of yourself.

Understand the medicine you need to take, including how much to take, the time of day to take it and how long to take it. Ask about any side effects that may occur and what you should do if they occur.
**Things to know**

- People respond to treatments or medicines differently. Share how you are responding to a treatment with your health care team.

- Let your health care team know if you have an Advance Directive, so they can honor your health care choices. If you would like to have an Advance Directive, ask your doctor for more information.

- You have choices. You may get a second opinion. You may ask about changing your treatment plan. You can choose to have a different doctor.

- It is important to ask your doctor for a prescription refill several days before your medicine runs out.