How Much does Post Discharge Follow-Up Matter? Recommendations for the “Big Head” Case Study

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ABSTRACT

Injury or disease of the brain can be troubling and resource laden in a hospital care setting. When the patient is discharged they are often released to unprepared and untrained family members who may be overwhelmed with the responsibility and burden of care. Local medical providers may not be aware of simple tools that family members and the patient themselves can use to encourage healthy monitoring, communication and recovery strategies. The patient may not reason or function as they did before the injury and this can change family dynamics and influence quality of life at home and in the community. Diligent and knowledgeable follow up can decrease post discharge complications and aid patient recovery. Here we offer suggestions for care and monitoring adaptable for low resource settings.

Keywords: Brain Injury Monitoring, Brain Trauma, Cognitive Rehabilitation, Low Resource Brain Care, Post Discharge Brain Rehabilitation, Post Discharge Traumatic Brain Injury (TBI), Shared Decision Making

RESEARCH

40-60% of brain injury survivors report significant unmet needs one year post incident (Finikelstein, Corso, & Miller, 2006). Trauma and community centres cite time deficits and lack of expertise personnel for effective treatment (Ashley et al., 2009). Indirect consequences of sub-optimal recovery will include emotional stressors faced by family and caregivers and increasing costs to society for dependants of wage earners (Worthington, 2006). Much of this trouble can be avoided by appropriate post discharge care.

Post discharge monitoring of this patient will increase his options for recovery and quality of life. Family members can be instructed to monitor recovery with the help of the SCAT instrument which offers guidance on warning signs and suggests examples of simple status checks such as having the patient remember words, match pictures, and manipulate simple
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