

# 15. Recovery of the Trauma Patient

- Indications to Consult Psychiatry (PMR)

# Indications to Consult Physiatry (PMR)

## Purpose

To identify criteria for early physiatry (PMR) consultation and expertise on the multidisciplinary trauma care team following admission.

## PMR Consult Service

The PMR consult service is ran by Dr. Dan Pierce. He is available to see consults on patients admitted to the trauma service on Monday, Wednesday, and Fridays and provide additional expertise the management and care of various injury as treatment moves from the acute phase to the recovery and rehabilitation phase.

## Indications for Consult

### 1. **Spinal cord injury** (timing: ideally as soon after admission as possible)

- All acute spinal cord injured patients (cervical/thoracic/lumbosacral and conus medullaris/cauda equina), including pediatrics
  - Perform ISNCSCI (ASIA Impairment Scale) exam
  - Management of physiatry-related complications following trauma
    - Neurogenic bowel/bladder
    - Orthostatic Hypotension/Autonomic Dysreflexia
    - Concomitant brain injury care
    - Spasticity management/contracture prevention
    - Pulmonary/vent weaning
    - Prevention of skin breakdown
    - Pain
  - Assist in transition to post-acute care
    - Including insurance denials/peer-to-peer
    - Coordinate rehabilitation care (PT/OT/ST) prior to discharge
  - Patient/family education
    - Including presence at family meetings and prognosis discussions
- All chronic spinal cord injured patients if they have a new injury and are admitted to trauma service

### 2. **Traumatic Brain Injury** (timing: ideally as soon after admission as possible)

- Severe and moderate brain injuries, including pediatrics

- Management of physiatry-related complications following trauma
  - Arousal
  - Agitation secondary to post-traumatic amnesia
  - Paroxysmal Sympathetic Hyperactivity (“neurostorming”)
  - Neurogenic bowel/bladder
  - Spasticity management/contracture prevention
  - Prevention of skin breakdown
  - Pain
- Assist in transition to post-acute care
  - Including insurance denials/peer-to-peer
  - Coordinate rehabilitation care (PT/OT/ST) prior to discharge
- § Patient/family education
  - Including presence at family meetings and prognosis discussions

### 3. Traumatic limb loss (timing: ideally as soon after admission as possible)

- Upper and Lower extremity, including pediatrics
  - Management of physiatry-related complications following trauma
    - Contracture prevention
    - Pain
  - Assist in transition to post-acute care
    - Including insurance denials/peer-to-peer
    - coordinate rehabilitation care (PT/OT/P&O) prior to discharge
  - Patient/family education
    - Including presence at family meetings and prognosis discussions

Consultations for the following injuries may also be considered and will be seen on an as needed basis during the patient’s hospital admission:

1. multiple musculoskeletal trauma
2. traumatic peripheral nerve injuries, including crush
3. pediatric traumas
4. mild-moderate brain injury
5. burns
6. other injuries requiring post-acute rehabilitation

## Author(s)

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## Last Updated

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