# Electronic Annex 2f Checklist of evidence for diagnosis of PDOC

# All aspects need to be completed and signed off by a designated expert physician in prolonged disorders of consciousness (PDOC)

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| **Patient name:**  **Registration number (database):**  **Date of injury:** | **Expert physician:**  **Date of assessment:** |

| **Minimum requirement** | | **Detail** | **Completed and signed**  **Date** |
| --- | --- | --- | --- |
| **1** | **Time frame**   * Time since injury: * Cause: traumatic / hypoxic / vascular / toxic or metabolic / other…………………………… * Nature of injury: focal / diffuse |  |  |
| **2** | **Appropriate assessment programme**  Has undergone an appropriate period of PDOC management and formal assessment by clinician(s) with expertise in PDOC who meet the Annex 2b requirements in one of the following *(please tick as appropriate):*   * **Inpatient assessment programme in a designated specialised PDOC Unit**. * **Inpatient unit** – usually Level 1 or 2 neurorehabilitation setting – with a PDOC Assessor who meets the Annex 2b requirements. * **A suitable care setting** (eg acute hospital, rehabilitation unit, care home, the patient’s own home) where staff are familiar with the needs of PDOC patients, under the supervision of a PDOC specialist outreach team for an appropriate period of time minimum 6 weeks but more usually 3–4 months (depending on the time elapsed since onset and the stability of the patient’s condition). * **In the case of very long-standing stable PDOC (>3 years post-injury), assessed on an outreach basis** by a PDOC Assessor who meets the Annex 2b requirements, using at least one of the validated tools (WHIM, CRS-R or SMART) administered in conjunction with the family / care team. | Name of unit / assessor |  |
| **3 Medical management**  General medical condition has been stabilised as far as possible, including sepsis and other conditions that may affect consciousness | | | |
| a | **Medically stable**  Free from major sepsis and other serious intercurrent illness affecting consciousness |  |  |
| b | **Medications** have been reviewed to minimise sedation |  |  |
| c | **Clinical examination** of sensory pathways has been undertaken |  |  |
| d | **Imaging/investigations**  As appropriate to eliminate remediable cause of PDOC |  |  |
| **4 Specialist management programme**  All essential requirements for management are addressed | | | |
| a | **Tone:**  Active spasticity management in place, including medication |  |  |
| b | **Positioning:**  A 24-hour programme of positioning is in place with a range of positions available including bed and chair (unless contraindicated) |  |  |
| c | Has appropriate **seating system** and sitting tolerance at least 1 hour at a time – preferably up to several hours/day  *or*, if in bed – at least sitting up in profile in midline for 1 hour |  |  |
| d | **Arousal levels recorded:**  Measures have been taken to maximise arousal |  |  |
| e | **Optimised environment:**  Consideration has been given to optimising the environment for interaction (adequate light, avoidance of distraction/ overstimulation, rest periods etc) |  |  |
| f | **Facilitated communication**:  Has been assessed by clinicians experienced in PDOC to explore ability to access switches/use of communication aids etc  *(NB: Only usually applicable in higher levels of MCS)* |  |  |
| g | **Controlled sensory stimulation programme:**  Patient has been exposed to a range of controlled stimuli |  |  |
| **5** | **Family/important relationships:**  **Family informed** re sensory stimulation and responses etc, and actively involved in the programme (if possible) |  |  |
| **6** | **Formal assessment**  *At least condition a. has been met* |  |  |
| a | **Coma Recovery Scale – Revised (CRS-R)**   * The patient has had a minimum of 10 CRS-R ratings   (At least 2–3 per week over a minimum of 4 weeks)   * Or meets the criteria set out in recommendation 2.11 for late assessment of PDOC in long term care settings |  |  |
| b | **Wessex Head Injury Matrix**   * The patient has had a minimum of 10 WHIM ratings (At least 2–3 per week over a minimum of 4 weeks) |  |  |
| c | **Sensory Modality Assessment and Rehabilitation Technique**   * The patient has had a full SMART assessment completed by a trained and accredited SMART assessor |  |  |
| **7** | **Level of consciousness**  **Current level of consciousness:**   * Vegetative state / MCS-minus / MCS-plus * Is this likely to be permanent?   Yes  No  Don’t know | |  |
| **8** | **Approximate life expectancy but for withdrawal of CANH**  …………… \*Months / years  *\*(Delete as applicable)* | |  |
| **9** | **Uncertainty of prognosis and life expectancy**  Moderately certain / significantly uncertain / very uncertain  *(Delete as applicable)* | |  |
| **10** | **Completed by: (Print name and signature)**  I **am/am not** a member of the treating team  *(Delete as applicable)* | | **Date:** |