

Clinical Task Instruction

DELEGATED TASK

D-CP05: The Westmead Post-Traumatic Amnesia Scale (WPTAS)

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

- safely and effectively administer the Westmead Post-Traumatic Amnesia Scale (WPTAS) and record the results.

VERSION CONTROL

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at:

<https://www.health.qld.gov.au/ahwac>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Mandatory training requirements relevant to Queensland Health/HHS clinical roles are assumed knowledge for this CTI.
- If not part of mandatory requirements completion of occupational violence prevention training.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
 - Assist with the development and maintenance of client functional status.

Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

Clinical knowledge

The following content knowledge is required by an AHA delivering this task:

- the definition and common clinical features of post traumatic amnesia (PTA) including presenting signs and symptoms
- the rationale and purpose for identifying and monitoring PTA using a validated tool
- the WPTAS including when it is used, the information collected, process for collection, scoring and documentation requirements.

The knowledge requirements will be met by the following activities:

- completing the training program/s (listed above)
- reviewing the Learning Resource
- receiving instruction from an allied health professional in the training phase.

Skills or experience

The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:

- If the local service requires testing to be undertaken with non-verbal clients additional training and competence in the WPTAS guidelines for testing with non-verbal clients and the augmentative communication device/s used by the client cohort will be required. This should be recorded on the Performance Criteria Checklist.

Safety & quality

Client

- The AHA will apply CTI D-WTS01 When to Stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
 - The ideal time to test clients is when they are most alert, for example after breakfast or showering. For clients who are displaying signs of drowsiness consider rescheduling the test at a time when the client is likely to be more alert.
 - The ability to participate in WPTAS testing can be impacted by pre-existing conditions, such as intellectual impairment, age-related memory deficits, communication problems (perseveration, aphasia, dysarthria, visual agnosia), mental illness or a history of drug and/or alcohol abuse. Additionally, the client may present with signs of increasing confusion, a worsening ability to follow directions, reduced alertness or concentration or reports of worsening/increasing pain between testing sessions. This may indicate further brain injury or a new medical condition e.g. a urinary tract infection. If the client's presentation does not match the delegation instruction cease the task and liaise with the delegating health professional regarding observations.
 - Non-English speaking clients should complete testing with the use of an interpreter. The interpreter should be instructed to relay the questions and answers in a simple and objective manner which offers no additional assistance to the client. The interpreter should also be used to support re-orientation and training for recall the next day. The use of an interpreter should be noted as part of recording test results.
 - During recovery from PTA clients may become physically or verbally aggressive, agitated, distressed, confused, impulsive, disinhibited, socially inappropriate, restless and wander or hallucinate. Clients may also be unaware of their surroundings and recent events. To support the testing process consider engaging the support of other staff members to assist in settling the client during testing, reduce the distractions in the environment, advise the client that testing will only take a few minutes, correct the client only after all questions have been given and use praise and positive rewards for good behaviour. If testing is still unable to occur due to staff or client safety concerns, cease the task, discuss with the delegating health professional and implement local occupational violence prevention processes to reduce risk or prevent further harm.
 - Because the WTPAS is a relatively simple test, examiners sometimes unintentionally use colloquialism. Any change to the standard phrasing for the test will reduce its validity and reliability. The AHA should always use the standard questions and procedures by using the testing guidelines in the Learning Resource.

Equipment, aids and appliances

- The test involves the client being able to hear instructions and see the picture cards. If the client is reliant on hearing aids or reading glasses, these should be applied prior to commencing the task.
- The client should be prevented from looking at their watch or mobile phone during the test as this can assist in orientation to time and date. Check if the client is wearing a watch or has access to a mobile phone. Request the client store their watch and/or mobile phone out of sight during testing.

- If the client has scored 12/12 you must change the picture cards. A set of cards is regarded as different from the previous set if at least one of the cards is changed. This can be done by placing the cards face down and the examiner or client picking three cards. The new cards and the date they were chosen must be recorded on the recording form.

Environment

- The test should be conducted in a quiet location that provides privacy. This includes minimising background noise and distractions e.g. close curtain/door, turn off the radio/TV, request visitors sit outside and wait whilst testing occurs.
- Client performance is reliant on memory, obvious cues or aids like clocks, calendars, mobile phones and orientation boards should be removed or covered prior to commencing the task.

Performance of Clinical Task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating health professional should clearly identify parameters for delivering the clinical task for the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - pre-existing or current temporary medical conditions that will potentially impact participation and any required compensatory strategies e.g. use of reading glasses, hearing aids or an interpreter.

2. Preparation

- Obtain the relevant screening/assessment form and associated items.
- Check the client and testing environment for obvious cues and cover or remove items. See the “Safety and quality” section.
- Gather the following:
 - a pen
 - the WPTAS recording form
 - a set of 9 WPTAS picture cards.

3. Introduce task and seek consent

- The AHA introduces him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth *plus one* of the following: hospital UR number, Medicare number, or address.
- The AHA describes the task to the client. For example:
 - “I have been asked by (delegating health professional) to complete an assessment process with you. It’s called the Westmead Post-Traumatic Amnesia Scale. It will involve asking you a series of questions. The questions look at your orientation and memory of daily events. It will show your health care team how you are recovering and how we can best help you”.

- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

4. Positioning

The client's position during the task should be:

- at the bedside/in bed with an over bed table positioned in front of the client or seated at a table and supported in a chair with arm rests.

The AHA's position during the task should be:

- seated and positioned in front of the client.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Administer the WPTAS as per the tool administration instructions by asking the client each question and recording their response.
 2. Note the client's responses during administration including behaviour and mood.
 3. Record the information on the local recording form.
 4. If the client scores
 - a. 12/12. Check if this is the 1st, 2nd or 3rd day. If it's the 1st or 2nd day, proceed to step 7. If it's the 3rd day, cease the task.
 - b. <12/12. Proceed to step 5.
 5. Identify items which were answered incorrectly.
 6. Inform the client which items they got wrong and what the correct answer is. For example "John you got a couple of items wrong today. Today is Monday and it is morning"¹.
 7. Rehearse with the client by instructing the client as to what they will have to remember for the next day. For example "John I will be coming to see you tomorrow and I want you to remember".
 8. Check the client has encoded the memory items by distracting the client for 1-2 minutes and then asking them what they have to remember for tomorrow.
 9. Instruct the client where they were right or wrong and correct any mistakes.
 10. Prior to leaving repeat to the client what they are required to remember (step 7).
- During the task:
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the "Safety and quality" section above including CTI D-WTS01 When to Stop.
 - As a standardised tool to ensure reliability the WPTAS requires:
 - all questions are to be asked exactly as written
 - if the client provides the wrong answer, progress to the next question

¹ Marosszky, N.E.V., Ryan, L., Shores, E.A., Batchelor, J. & Marosszky, J.E. (1997). The PTA Protocol: Guidelines for using the Westmead Post-Traumatic Amnesia (PTA) Scale. Available at: <http://psy.mq.edu.au/pta/index.html>

- if the client does not spontaneously answer a question or says, “I don’t know”, repeat the question and give the client 3 options to choose from. These options must be in sequential order and the correct answer’s position must vary for each question. For examples see administration guidelines in the Learning Resource.
- if the client for some reason does not understand the question, or did not answer the question in the form that was required, refer to the acceptable alternate versions for the WPTAS question, see the administration guidelines in the Learning Resource.
- As the test criteria is pass or fail, no half marks can be given. When a client does not spontaneously answer a question, place an asterisk next to the answer box. This will indicate that the question was administered differently from the others, whilst not changing the score.
- During encoding the client should be discouraged from writing down what they have to remember or from talking to others about it. If required, remind clients that they are needing to remember items on their own.
- At the conclusion of the task:
 - provide a summary to the client of performance. For example:
“That’s the end of the questions in this assessment. Your score was X/12 today. I will speak with (delegating health professional) about your result. I will see you tomorrow to repeat the test”.
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task the following specific information should be presented:
 - a record that the WPTAS has been administered, observations of client performance, expected outcomes that were not achieved, and difficulties encountered or symptoms reported by the client during the task e.g. agitation, distractibility.
 - Overall score e.g. X/12
 - Subtask scores e.g. orientation X/7 and recall X/5
 - identification of incorrect responses e.g. 6/7 orientation questions – incorrect month and 4/5 recall – 1/3 picture cards recalled incorrectly. Include observations such as whether the client required multiple choices for a number of questions, picture card prompts, or whether they could provide spontaneous independent responses.
 - Where picture cards have been changed, this practice must be documented in the medical record along with a comment regarding the client’s ability to recall the picture cards e.g. “Picture cards changed and the client demonstrated recall of 3/3 following 2 minutes” or “Picture cards changed and the client was unable to recall any of the new pictures following 2 attempts.”
 - a comment indicating the client’s current PTA status:
 - WPTAS score of 12, client is out of PTA or
 - WPTAS score (<12)/12, client remains in PTA or
 - WPTAS score 12/12 for 3 consecutive days, client is not in PTA.
 - Any local recording requirements for ongoing care. For example, if the client remains in PTA, the delegating health professional may request a statement similar to the following is included in the

record “WPTAS score of X indicates the client remains in PTA. Please contact (delegating health professional) if changes to the client’s current care plan are considered e.g. discharge plan”. If the client has emerged from or is not in PTA, the delegating health professional may request a statement similar to the following is included in the record e.g. “The client has scored 12/12 for 3 consecutive days and this indicates the emergence from PTA as per the WPTAS guidelines (delegating health professional) informed of PTA emergence in order to consider ongoing care plan of the client”.

- File the screening/assessment recording tool as per local procedures and consistent with relevant documentation standards.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task including:
 - outcomes/score of the administered screening tool
 - relevant observations of the client’s performance
 - difficulties or questions reported by the client or carer/family.

References and supporting documents

- Marosszeczy, N.E.V., Ryan, L., Shores, E.A., Batchelor, J. & Marosszeczy, J.E. (1997). The PTA Protocol: Guidelines for using the Westmead Post-Traumatic Amnesia (PTA) Scale.
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop.
<https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition).
https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: Performance Criteria Checklist

D-CP05: The Westmead Post-Traumatic Amnesia Scale (WPTAS)

Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required prior to accepting and proceeding with the delegated task			
Completes preparation for the task including obtaining the relevant form and materials and ensures client and environment are prepared for the task i.e. client has their glasses or hearing aids and environmental modifications are completed.			
Introduces self to the client and checks client identification.			
Describes purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains and demonstrates task, checking the client's understanding. b) Completes screen/assessment task as per the WPTAS guidelines. c) Accurately scores the client and determines progression of task if required i.e. score 12/12 d) Records information from the task accurately as per standard procedure, including additional information e.g. observations, client comments or questions, for reporting to the delegating health professional. e) During the task, maintains a safe clinical environment and manages risks appropriately. f) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record; consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Comments:

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Record of assessment of competence

Assessor name:	Assessor position:	Competence achieved:	/	/
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Scheduled review

Review date	/	/
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The Westmead Post-Traumatic Amnesia Scale (WPTAS): Learning Resource

Overview of Westmead Post-Traumatic Amnesia Scale (WPTAS)

The WPTAS has 7 orientation questions and 5 memory items designed to measure the length of Post-Traumatic Amnesia (PTA). The length of time that a client is in PTA can indicate the severity of the head injury. A person is deemed out of PTA when they score is 12/12 on three consecutive days (not including the first day as that is scored out of 7). Monitoring PTA emergence is essential to assist in determining the severity of injury, patient care, rehabilitation potential/participation, and validity of other neuropsychological testing.

Overview of Post-Traumatic Amnesia (PTA)

Post-Traumatic Amnesia is a state of confusion that occurs following a traumatic brain injury. The injured person can experience difficulties with memory, orientation, and processing information and stimulation from the surrounding environment. A client in PTA may become physically or verbally aggressive, agitated, distressed, confused, and/or restless. They may also be unaware of surroundings and recent events.

Required reading

- Khan, F., Baguley, I. and Cameron, I. (2003). Rehabilitation after traumatic brain injury. The Medical Journal of Australia, [online] 178(6). Available at: https://www.mja.com.au/journal/2003/178/6/4-rehabilitation-after-traumatic-brain-injury?0=ip_login_no_cache%3D0f2b7de7a7f3432e5add5a20be72fe21
- Ponsford, J. (2012). Understanding and managing traumatic brain injury. InPsych, Vol 34(2). Available at: <https://www.psychology.org.au/publications/inpsych/2012/april/ponsford/>
- Synapse (2018). Post-traumatic amnesia (PTA) and Brain Injury. Available at: <http://synapse.org.au/information-services/post-traumatic-amnesia-%28pta%29.aspx>

WPTAS Guidelines

- Marosszeky, N.E.V., Ryan, L., Shores, E.A., Batchelor, J. & Marosszeky, J.E. (1997). The PTA Protocol: Guidelines for using the Westmead Post-Traumatic Amnesia (PTA) Scale. Available at: <http://psy.mq.edu.au/pta/index.html> (note this is a very slow link)

Example recording form:

- Queensland Government (2014). Royal Brisbane and Women's Hospital. Westmead Post Traumatic Amnesia (PTA) Scale. MR 60487 v2.0. Available at: http://hi.bns.health.qld.gov.au/forms/patient_record/forms/mr_60487.pdf