

Low Awareness / Minimally Conscious State

A severe brain injury can result in an altered level of consciousness which can reduce a person's responsiveness to stimuli around them. The Janet Barnes Unit is able to provide the specialist care and assessments required for someone who has had such an injury.

Diagnosis

Specific diagnostic criteria are used to define the different levels of awareness and responsiveness. In the first few days or weeks following a brain injury the person may be described as being in a 'coma' which indicates that they are unable to make a purposeful response. This is measured by the Glasgow Coma Score.

If the person remains unresponsive they may be described as being in a 'Low awareness state'. This means their body maintains their essential physiological functions, such as breathing, and that they demonstrate a sleep/wake pattern, but they do not show any evidence of awareness of their environment. If this state becomes prolonged and no further recovery takes place, the person may be described as being in a persistent or permanent vegetative state.

If there appears to be some discernable evidence of consciousness, even if it is inconsistent, they may be described as being in a 'minimally conscious state'. This means identifying specific behaviours not found with people in low awareness or persistent vegetative state, such as following simple commands, purposeful behaviour, gestural or verbal Yes/No response.

Another state which is often misdiagnosed is called 'Locked in Syndrome' which is characterised by complete paralysis of voluntary muscles in all parts of the body except the muscles controlling eye movements. People with Locked In syndrome are conscious and able to think and reason but unable to speak or move.



How we can help

This different terminology and potential for misdiagnosis means that an accurate assessment by an interdisciplinary team is required. At Hunters Moor we have a specialist team of professionals who are able to carry out the necessary sensory stimulation programmes and make accurate assessments to assist with making a correct diagnosis. We are able to carry out the SMART assessment tool to identify the level of awareness in people following severe brain injury.

If the team is able to identify a consistent method of communication with a client then the use of assistive devices and environmental controls can be explored. Some of the rooms on the ground floor in the Janet Barnes Unit have been set up specifically for clients who are more dependent and may have additional needs, with ceiling track hoists, for example, to take clients from their bed through into their ensuite wet room.

We are very happy to provide further information.

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