



ICU Co-Treatments

Instructions

1. View videos in small groups and go over the questions related to each video
2. Work independently to answer questions
3. Return to your group and discuss case
4. Individually write SOAPE note for case

Watch

Watch all assigned videos:

- ICU, Co-treatment, Part 1 - Preparing equipment & monitors in the ICU environment
- ICU, Co-treatment, Part 2 - LE dressing in preparation for treatment
- ICU, Co-treatment, Part 3 - Bed mobility
- ICU, Co-treatment, Part 4 - Sitting balance at the edge of bed
- ICU, Co-treatment, Part 5 - Bedside ADLs
- ICU, Co-treatment, Part 6 - 2-person transfer from bed to chair
- ICU, Co-treatment, Part 7 - Repositioning in the chair
- ICU, Co-treatment, Part 8 - Oral hygiene and suctioning
- ICU, Co-treatment, Part 9 - 2-person transfer from chair to bed
- ICU, Co-treatment, Part 10 - Returning all monitors and equipment to original positions

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Questions

Related Video: ICU, Co-treatment, Part 1

1. What therapies were involved in the co-treatment session today?

2. What did you learn and see (can include ALL of the videos) on how the two therapists communicated with one another?

3. What did you see on-camera that included preparing the patient, the equipment, and the room to enhance patient safety during the co-treatment session?

4. What MUST have happened, but was not captured on camera to prepare for the co-treatment session?

Related Video: ICU, Co-treatment, Part 2

1. How much assistance was required to place the shorts on the patient?

a. CARE

b. FIM

2. How well did Tom lift his hips to allow placement of shorts (how high)

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Related Video: ICU, Co-treatment, Part 3

1. What portion of the roll to the L did Tom do?

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2. How much assistance did he need to roll to the left?

a. CARE

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b. FIM

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3. What portion of the roll to the R did Tom do?

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4. How much assistance did he need to roll to the right?

a. CARE

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b. FIM

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5. What portion of the transition from right side lying to sitting at the edge of the bed did Tom perform?

6. How much assistance did Tom need to transition from right side lying to sitting at the edge of the bed?

a. CARE

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b. FIM

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7. What did the PT and OT do to make the transition from side lying to sitting at the edge of the bed easier for Tom to perform?

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Related Video: ICU, Co-treatment, Part 4

1. What did the PT and OT do to make sitting on the edge of the bed and working on ADL and balance tasks easier to perform?

2. How much assistance did Tom need to scoot forward?

a. CARE

b. FIM

3. What improvements in Tom's abilities from the previous treatment day did the PT comment on?

4. How did the PT set herself up to provide improved external support for Tom?

5. What happened when the IV was beeping? How was the issue resolved?

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Related Video: ICU, Co-treatment, Part 5

1. What were the primary tasks that the PT and OT worked on with Tom during this vignette?

2. How did the PT alter her support for Tom and what was the impact of this alteration of support?

3. Did they ensure that the L UE was in weight bearing and if so how did they accomplish this?

4. What did they ask related to Tom's glasses and why did they do this task or activity?

5. How did they work on Tom's sitting balance and posture in this vignette?

6. How did they visual scanning to the L?

7. Was this intervention successful and if so how so?

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Related Video: ICU, Co-treatment, Part 6

1. How did the PT and OT encourage participation during the transfer to the chair?

2. In what direction did the PT direct the patient to lean and why did she make this suggestion?

3. How did the PT and OT change their places they were spotting the patient and how did they ensure the patient was safe during this transition?

4. How did the PT and OT ensure the patient knew where the chair was that he was going to transfer into?

5. Why did the PT ask the patient to remove his glasses during the transfer?

6. What assist was needed for the transfer chair to bed?

a. CARE

b. FIM

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7. Perform a Movement Analysis including joint angles during the transfer sequence

	Initial Condition Posture assessment of the initial starting position prior to the initiation of the activity	Preparation Postural set up and adjustment prior to the task. Remember this is mostly an internal process that may not be evident.	Initiation The first thing that moves as a part of the actual task	Execution Progression of the movement with description of changes in alignment, BOS with a description of movement.	Termination The final position at the end of the task.
Head and Neck					
Upper Trunk					
Lower Trunk					
Pelvis					
Upper Extremities					
Lower Extremities					

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8. Fill out the table below to predict impairments you saw during your movement analysis for bed mobility. What objectives measures would you complete to assess the impairments? What would you predict to be the outcome of the impairment testing? How would you intervene to reduce or address the impairment (within session)?

Predicted Impairment (based on movement analysis)	Objective Measure	Outcome	Within Session Intervention

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Related Video: ICU, Co-treatment, Part 7

1. How did the PT and OT encourage patient participation and what did the patient do to scoot back in the chair?

2. How did the PT and OT assist the patient in scooting back in the chair?

3. What did the PT and OT do to specifically position the patient in the chair?

4. Why did they choose to do these steps and was it successful? If so what did you see?

Related Video: ICU, Co-treatment, Part 8

1. Why was the OT on the left side of the patient?

2. What happened when the patient yawned and what is it called?

3. Using the Fugl-Meyer assessment tool for the UE how would you score the patient with this observation?

4. What is the likelihood that you might begin to see spasticity in his L UE?

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Related Video: ICU, Co-treatment, Part 9

1. What did the PT and OT do prior to transferring the patient back to bed (think of the environment and equipment)?

2. What did the PT and OT request the patient to do to assist with the transfer back to bed?

3. What did the PT use to scoot the patient forward in the chair?

4. How much assistance was required during the transfer?

a. CARE

b. FIM

5. Why is it important to position the feet prior to transferring the patient and what would be the optimal position?

6. The therapist cued the patient to reposition their L UE. What is this clinical evidence of with this particular patient?

7. According to what you observed when viewing the video clips what vessel or vessels are likely involved in his stroke?

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Related Video: ICU, Co-treatment, Part 10

1. What did the PT and OT do to finalize the session?

2. If the IV begins to beep and the therapists are unable to resolve addressing the alarm, what should the PT and OT do?

3. What movement did you note in Tom's L LE? How would you describe this movement (using Fugl Meyer assessment for LE)?

4. Describe how the therapists optimized the patient's supine position. Give examples of his bed positioning program and the equipment the therapists utilized.

5. What are the PROM precautions for a patient with a flaccid upper extremity?

6. Why did the therapists position the head of the bed at 30 degrees?

LAST STEP: Complete a SOAPE Note

Complete a SOAPE Note and return it to your instructor by the assigned deadline.