Background

- Approximately 350 children and young people (CYP) per year have a severe acquired brain injury (ABI) that requires rehabilitation (Hayes et al., 2017).
- Both physical and cognitive fatigue have been reported to be long term consequences of ABI which impact on quality of life and participation (Crichton et al, 2015).

Methodology

- All CYP assessed has having high rehabilitation needs following ABI, who were admitted to one residential rehabilitation unit between August 2014 and July 2016 were included.
- Clinicians routinely completed the Neurological Impairment Scale (NIS) which includes a measure of fatigue on admission and discharge.
- Data was retrospectively analysed.

Results

- n=68, age range 5-17 years, 43 male.
- 38% had traumatic brain injuries, 24% had strokes, 15% had inflammatory illnesses, 10% had tumours, 7% had hypoxic injuries and 7% other.
- CYP stayed in the unit for an average of 21 weeks (range 4-75).
- 66% were identified as having a ‘Moderate’ or ‘Severe’ fatigue severity impairment score on admission (see Figure 1).
- 44% of CYP’s fatigue impairment score on the NIS improved, 56% stayed the same and none got worse.
- 96% CYP had some fatigue on discharge.

Conclusions/implications for practice

- Although fatigue can improve during rehabilitation, the majority of CYP with ABI continue to present with fatigue as they return home and to school.
- Both physical and cognitive fatigue, which is described as different to ‘normal tiredness’, will impact on the child’s ability to participate at home, school and in the community.
- Collaborative working between physiotherapists, occupational therapists, teaching staff, CYP and families and others can identify issues and fatigue management strategies that are transferable to the home, school and community settings.

References


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