

**Institution Name:** Directorate General of Specialized Medical Care, MoH**Document Title:** Occupational Therapy in Intensive Care Unit Procedure**Approval Process**

	Name	Title	Institution	Date	Signature
Written by	Nuha Al-Shaaili	Occupational Therapist	Royal Hospital	March/ 2020	Nuha Al-Shaaili
Reviewed by	National Occupational Therapy Taskforce For Policeis & Guidelines development		Ministry of Health	March/ 2020	National Occupational Therapy Taskforce For Policeis & Guidelines development
Validated by	Dr.Qamra Al-Sariri	DG of QAC	Ministry of Health	October/ 2020	Dr.Qamra Al-Sariri
Approved by	Dr.Kadhim Jaffar Sulaiman	DG of SMC	Ministry of Health	October/ 2020	



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Acknowledgement

Directorate General of Specialized Medical Care, Medical Rehabilitation Services, would like to appreciate the great effort of all the staff from different healthcare institutions who participated in writing and editing this procedure.

Nuha Alshaaili	Royal Hospital
Samiya Al-Raisi	Directorate General of Specialized Medical Care
Jokha Al-Abrawi	Al-Nahda Hospital
Asaad Al- Qasmi	Directorate General of Specialized Medical Care



Acronyms:

ADLs	Activities of Daily Living
BADLs	Basic Activities of Daily Living
ICU	Intensive Care Unit
OT	Occupational Therapy
PICS	Post-Intensive Care syndrome
MOH	Ministry of Health



Occupational Therapy in the Intensive Care Unit Procedure

1. Introduction

Therapeutic advances have increased survival for patients admitted to the Intensive Care Unit (ICU). However, ICU patients with severe pathologies and/or prolonged ICU stays have a higher risk for long-term neuromuscular, cognitive, functional, and overall health complications. In terms of cognitive function, a significant proportion of ICU patients experience some degree of memory, attention, or executive function deterioration, with symptoms that sometimes linger for years after discharge (Wileox, 2013). Therefore, the development of interventions from the ICU that impact the long-term cognitive status, quality of life and functionality is essential.

Occupational therapy has shown physical, cognitive, and functional benefits for patients with a variety of health conditions. In adult populations, stroke rehabilitation guidelines recommend OT to improve independence with basic ADL (BADLs). In dementia, OT has been shown to improve behavioral and functional scores, slow disease progression, and decrease caregiver burdens. There is also moderate evidence that OT can improve traumatic brain injury rehabilitation and chronic pain management.

2. Scope

This document is applicable to all occupational therapists working in the ICU setting in the Sultanate of Oman.

3. Purpose

The purpose of this document is to provide a standardized, organized method of delivery early occupational therapy services in the ICU setting.

4. Definitions

4.1 Occupational therapy: is the art and science of enabling engagement in everyday living through occupation.



4.2 Post-Intensive Care syndrome (PICS): survivors of critical illness often experience new or worsening impairments in physical, cognitive and/ or mental health.

4.3 Early Rehabilitation: defined as starting at an earlier time point than usual care or administration of rehabilitation services within 7 days of ICU admission.

5. Procedure

The following steps shall be considered prior to and during service provision

5.1 Step One: Referral:

5.1.1 May be actioned by a specialized occupational therapist

5.2 Step Two: Assessment/ treatment:

5.2.1 A holistic assessment to be administered, please refer to appendix 1 for the role of occupational therapist

5.3 Step Three: Discharge:

5.3.1 The patient to be discharged from the occupational therapy ICU service once discharged from ICU. The patient to be referred for further care as needed.

6. Responsibilities

6.1 The occupational therapist is responsible for:

6.1.1 Introducing and advocating for occupational therapy services in the ICU

6.1.2 Liaison with team members to provide quality care, this includes conducting joint sessions when feasible

6.1.3 Providing holistic occupational therapy management and complying with the rehabilitation standards set by the MoH.



7. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Nuha Al-Shaaili	October/ 2023
02			
03			
04			
05			
Written by		Reviewed by	Approved by
Nuha Al-Shaaili		National Occupational Therapy Taskforce For Policeis & Guidelines development	Dr.Kadhim Jaffar Sulaiman

8. Related Documents:

There is no related document for this procedure



9. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Cognitive dysfunction in ICU patients: risk factors, predictors, and rehabilitation interventions. Wilcox ME, Brummel NE, Archer K, Ely EW, Jackson JC, Hopkins RO.	Wilcox ME, Brummel NE, Archer K, Ely EW, Jackson JC, Hopkins RO.	2013	
Definitions of Occupational therapy file:///C:/Users/moh65281/Downloads/WFOT%20Definitions%202013%20updated%20Oct2013a.pdf	World Federation of Occupational Therapy	2012	
Early rehabilitation in the intensive care unit: Preventing physical and mental health impairments https://www.ncbi.nlm.nih.gov/pubmed/24436844	Parker A., Sricharoenchai, T., Needham D.	2013	
Feasibility of physical and occupational therapy beginning from initiation of mechanical ventilation. Pohlman MC, Schweickert WD, Pohlman AS, Nigos C, Pawlik AJ, Esbrook CL, et al.	Pohlman MC, Schweickert WD, Pohlman AS, Nigos C, Pawlik AJ, Esbrook CL, et al.	2010	



Long-term complications of critical care Desai SV, Law TJ, Needham DM. Long-term complications of critical care. Crit Care Med. 2011;39(2):371–379. [PubMed]	Desai SV, Law TJ, Needham DM	2011	
Quality Requirement for Adult Critical Care in Wales http://www.wales.nhs.uk/sites3/documents/768/quality%20requirements%20for%20critical%20care.pdf	National Health Services, Wales	2006	



Appendix 1: Role of the Occupational Therapist in Critical Care

- To provide a comprehensive assessment of the functional ability of patients with a view to management of short term needs and investment in long term care to maximize the rehabilitation process.
- To assess for the provision of thermoplastic splints to prevent secondary joint deformity, support and protect and maintain alignment in affected joints.
- To construct and fix appropriate and effective splint and to assess value of serial splinting to increase range of movement and prevent contracture.
- To monitor and evaluate therapeutic application of splint to maintain health.
- To educate patient and/or members of the multi-disciplinary team and/ or relatives on care and maintenance of splint application.
- To provide appropriate equipment designed to maximize independence and contribute to timely rehabilitation.
- To share information/knowledge with other health care professionals and offer advice where appropriate.
- To provide education, training and clinical supervision to other occupational therapists
- To maintain high quality of service delivery by complying with the MoH standards.