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Law

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Important information after a family member has sustained a Traumatic Brain Injury



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Introduction

When a family member has suffered a Traumatic Brain Injury, you'll no doubt have hundreds of questions and concerns. While this experience can feel isolating, it's important to remember that you're not alone.

We've put together this eBook to provide an overview of some useful things you'll need to know following a family member's brain injury.

Starting with the different classifications of brain injuries, we will explain the immediate hospital treatment your family member will receive, as well as the different rehabilitation options available as they begin their road to recovery. Finally, the guide offers help and advice with life after rehabilitation, providing useful tips on the things you can do to make the situation easier for yourself and your family.



What is a Traumatic Brain Injury?

A Traumatic Brain Injury (TBI) is damage to the head that causes destruction or deterioration of the brain cells. Every brain injury is unique and the effects will be different for each person. A TBI can be caused by a number of different incidents, including:



Road traffic collisions



Trips, slips and falls



Violent assaults



Accidents at work or around the home



Sporting accidents

Brain injury classifications

Traumatic Brain Injuries are usually classified in three different categories: mild, moderate and severe. While these categories are not an exact science (as people recover differently), they help provide guidance to you and your family on what to expect.

The severity of a brain injury can often be indicated by the length of time a person is unconscious after sustaining the injury. Medical professionals will also use a metric called the [Glasgow Coma Scale](#) to help their diagnosis, which we will explain later on in this guide. Here are the three brain injury classifications:

Mild: Injuries are usually classified as ‘mild’ if the person either loses consciousness or is disoriented for up to 30 minutes.

Moderate: If the injured person experiences a loss of consciousness between 30 minutes and six hours and scores between 9 and 12 on the Glasgow Coma Scale, they will be classed as having a ‘moderate’ brain injury.

Severe: A ‘severe’ brain injury is diagnosed when a person loses consciousness for more than 6 hours and receives a [Glasgow Coma Scale](#) score of 3-8.

Usually, these classifications are used immediately after someone has suffered a head injury. Although they help doctors assess how serious the injury is at the beginning, these classifications do not always indicate the long-term outcomes of the injured person.

Someone who is initially diagnosed as having a mild brain injury can sometimes go on to experience complex long-term symptoms and problems, while a person who is classified as severe can go on to make a complete recovery. Each brain injury is different, so a person's recovery will depend on what parts of the brain have been injured and the extent of these injuries.



Hospital treatment for a Traumatic Brain Injury

The
emergency
department

Neurosurgical
wards and
neurosurgery

Intensive care
unit

Comas and the
Glasgow Coma
Scale

What do to if
your family
member is in a
coma

Hospital
wards

The emergency department

After a TBI, the injured person will usually be taken to their nearest accident and emergency department or specialist acute TBI centre for treatment, testing and monitoring. During the initial assessment, the doctor will carry out investigations that will determine what injuries the person has sustained, and assess which need the most urgent treatment.



There are a few different tests that medical staff can use to help their diagnosis:

X-rays: X-rays are a quick and effective way of checking for bone fractures and breaks. Doctors may use this test to assess additional injuries a person may have sustained.

CT scans: CT (Computerised Tomography) uses a combination of multiple x-rays taken from different angles to create a computerised three-dimensional image. CT scans are used by doctors to look for bruising, swelling or blood clots, allowing them to understand what is happening in the brain, and what treatment might be needed.

MRI scans: MRI (Magnetic Resonance Imaging) uses magnetic fields to create images of organs inside the body. This test differs from the previous two, as it doesn't rely on x-rays, and may help provide different information to doctors.

Neurosurgical wards and neurosurgery



If the medical team decide on more specialist assessment, the injured person may be transferred to a neurosurgical ward for further investigations . On the ward, they will usually be reviewed by a neurosurgeon who will assess any scans they've had already, and arrange additional investigations.

If the scans show bleeding and damage to the brain, surgery might be needed to remove any blood clots and repair damaged blood vessels. The medical team will discuss this with you in more detail.

In order to operate, surgeons will need to remove part of the skull. Sometimes, the bone will be left out post-surgery and be replaced at a later date. The neurosurgeon will decide if this is necessary during surgery.

Neurosurgery is a complex and lengthy process that requires a general anaesthetic, so it can sometimes take some time for a person to regain consciousness after the operation.

Intensive care unit

After neurosurgery, your family member will usually be taken to either an intensive care unit (ICU) or high dependency unit (HDU). These units provide specialist high-level care 24 hours a day. There is usually one nursing staff to each person on these wards. The medical team will be closely monitoring your family member and their condition.

Often, people in ICU will be given a sedative medication, so your family member may not be awake when you visit them. This is normal practice and will help them to recover from their injuries and prevent any further injuries or swelling.

If you have any questions about what is happening, the medical team will be able to help you. It's a good idea to write down any questions you think of so that you remember to ask them when you meet with the treating consultants.



Comas and Glasgow Coma Scale

Most people will lose consciousness after a brain injury, but if a person shows no signs of awareness and can't be woken up, they'll be described as being in a coma.

There are different levels of comas, each with varying degrees of awareness. This ranges from deep, where the person shows no response to a stimulus (such as pain), to more shallow, where the person will have some reaction (such as moving or opening their eyes).

The Glasgow Coma Scale (GCS) scores the injury over three areas and adds them together to assess how severe the injury is.



The three categories used to assess a person's GCS are:

Eye opening: A person may open their eyes spontaneously, as a response to sound or pressure, or not at all. A score of one means no eye opening, with four indicating spontaneous eye opening.

Verbal response: This measures whether a person is confused, knows where they are, and can use words or sounds. Scoring one means there is no response, while a five is given when a person is conscious and holding a conversation.

Motor response: The final category measures a person's reflexes, and whether they can follow instructions. A score of one means there is no response, while a six indicates they can follow a command.

Glasgow Coma Scale	Severity of Injury
14 – 15	Mild
9 – 19	Moderate
3 – 8	Severe



What to do if your family member is in a coma

Having a family member in a coma is a difficult and emotional time, and it's completely normal to find this experience distressing or overwhelming. The [NHS](#) suggests that some injured people feel enormous reassurance from the presence of their family and friends, and visiting a family member can be extremely helpful for both the injured person and yourself.

It's common to feel emotional while visiting your family member, or not knowing what to say. Research suggests that stimulating the senses - touch, hearing, vision and smell - can be extremely beneficial to a person's recovery, so just being with them will help.

Waking up from a coma isn't usually a sudden thing. Instead people usually come to gradually, meaning they are often confused and disoriented, to begin with. Once a person is conscious, the medical team can then assess the extent of the brain injury, and start to think about any long-term rehabilitation and treatment they might need.

How long a person is in a coma doesn't indicate how they will recover once they come to. Every brain injury is unique, and each person's recovery journey is completely different.



When you do visit your family member, try to stimulate their different senses - below are a few tips that might help. Always check with the medical team beforehand and gain guidance on what is appropriate for your family member.

- ◆ When you arrive, say out loud who you are.
- ◆ Talk to them as you normally would - you can chat about your day, what you've been doing, or what's happening in the news.
- ◆ Even if you can't think of anything to say, holding your family member's hand or stroking their skin can be comforting for them.
- ◆ Play their favourite music through headphones.
- ◆ Stimulate their sense of smell through flowers, perfumes, or other fragrances.



Hospital wards

When your family member no longer requires high levels of care and monitoring, they may be moved to a ward environment. However, they may still have complex care needs at this stage and still require assistance with many tasks.

At this stage, you may feel like you want to be more involved in your family member's care. Speak with nursing staff to see if there are any tasks you can help your family member with under their supervision.



Early rehabilitation after a Traumatic Brain Injury

**The importance
of early
rehabilitation**

**What does early
rehabilitation
involve?**

**Movement and
physiotherapy
exercises**

**Memory problems,
confusion and
concentration**



The importance of early rehabilitation in the hospital

[Research](#) has shown that early intervention and rehabilitation after a brain injury can have a significant impact on an individual's recovery. Rehabilitation should ideally start as soon as your family member is medically stable.

Early rehabilitation is targeted at any difficulties a person is facing and maximise their recovery. Every head injury is different, so your family member's rehabilitation will be tailored to their individual needs and challenges.



What does early rehabilitation involve?

Depending on the symptoms and problems your family member is experiencing, rehabilitation can include several different therapies, for example:



Physiotherapy



Speech and Language
Therapy



Occupational
Therapy



Dietician



Other
Therapies

Movement and physiotherapy exercises

While a person is in the hospital, a movement and mobility assessment will be undertaken as soon as possible. Physiotherapists will use techniques to reduce the risk of your family member developing issues such as pressure sores, chest infections and to manage and reduce muscle spasms in the arms and legs.

Regular movement reduces muscles from becoming stiff and consequently difficult to move. You may notice when your family member is in a coma, physiotherapists will often carry out passive movements on their upper and lower limbs. This is to reduce the risk of muscles and joints becoming stiff.

At the point when your family

member is conscious again, the physiotherapy team will assess movement and sitting and standing balance. From this, a treatment plan will be devised. The aim of this plan is to maximise the person's balance and mobility to their best potential. This rehabilitation can take time, and your family member may need aids and equipment to help them.

Treatment could include core stability exercises, upper and lower limb exercises, as well as balance and mobility practice.

They may also have problems with balance and dizziness. The medical team will introduce techniques to help reduce these symptoms.

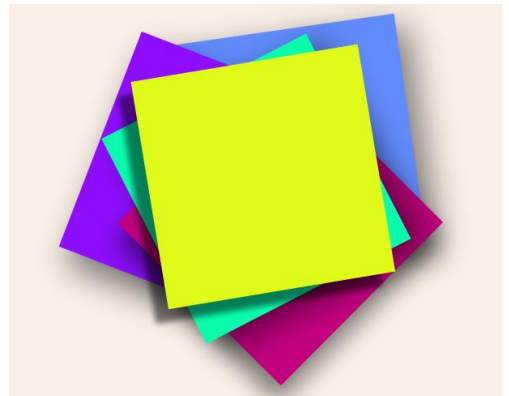


Memory problems, confusion and concentration

Often, people will experience problems with memory and concentration after a brain injury. This can cause them to become easily confused by what's happening and not understand where they are and why.

While this can be frustrating for everyone, try to be patient with your family member and encourage them to talk about things they can remember, such as family holidays, their job and friends and family. If they repeat themselves or forget conversations, don't question or argue with them, as this may increase their stress levels and won't help with recovery.

Simple memory aids, such as post-it notes and notepads, can help your family member remember to do certain tasks. Even if they're recovering quickly, try not to push them too hard, as this can lead to exhaustion.



Symptoms after a Traumatic Brain Injury

After a Traumatic Brain Injury, people can experience a variety of symptoms and effects. These will vary depending on the severity of the brain injury, and the part of the brain that's been injured. Treatment and rehabilitation can be introduced to help your family member to manage these symptoms. Below are some of the more common symptoms your family member may experience, as well as some important tips on managing them:



Fatigue



Sleep problems



Memory



Concentration



Language
and speech



Insight and
empathy



Visual
problems



Anger and
irritability



Low mood,
depression and
anxiety



Personality
changes



Mobility
challenges

Fatigue

Fatigue is a common symptom for people who have suffered a brain injury. Unlike normal tiredness, which is relieved by rest, brain injuries can lead to an intense feeling of fatigue that is often present most of the time.

This can have a huge effect on the injured person in many ways, including mood and behaviour. It's common for a brain injured person to become frustrated and irritable about their limitations - particularly if they like to be active. Others may feel depressed about how their injury is stopping them doing what they want to do, which can lead to them being unsociable and shutting people out.

It's important to understand the significant impact that fatigue can have on your family member. Try to be supportive, explain to them that what they're feeling is common. If you have any concerns, discuss these with the medical team.

Even if your family member's recovery is very slow, give them positive reinforcement on any progress they make.



Sleep problems

After a brain injury, many people report problems with sleeping, despite experiencing fatigue. This can be particularly difficult at night time. Promoting sleep and rest is beneficial to help the brain to recover, as well as combat fatigue.

You should encourage your family member to get into a sleep routine. This will enable the brain to adjust to its own sleep pattern. You could try to get them to go to bed at the same time each night and wake up at the same time each morning. When they go to bed, try to keep noise levels down to allow them to rest well without disturbance.

Your family member may also need to rest during the day and take naps because of their fatigue.



Memory problems

Memory is a complex process, which involves several parts of the brain. Memory problems are very common after a Traumatic Brain Injury, as an injury to any of these parts can impair the process. As an example, people can experience problems with short-term memory or making new memories after a brain injury.

Struggling to remember things can be extremely frustrating for the injured person. They may become confused and unable to understand the passage of time. This confusion can result in them losing a sense of their identity and understanding of who they are.



It's important that you are patient with your family member when they are struggling with memory problems. It can be distressing to come to terms with this change, but there are some simple things on the next page that you can do to help with the situation.

Keeping to a daily and weekly routine can help people with a brain injury get used to their memory problems and reduce the need to remember as many activities. It will also help your family member to feel safe. If there is a change to the routine, you should speak to them and explain carefully why there will be a change, and prepare them for this in advance. Writing down the routine on a whiteboard or noticeboard can be useful, so your family member can follow what is happening.

It is also a good idea to use notepads and labels to help them to remember important things or to help find where things are kept.



Concentration



You may notice a change in your family member's concentration and attention span after a brain injury. They may be unable to focus on things that would have been easy before their accident, or seem restless or distracted.

They may also have trouble following long conversations and be unable to undertake more

than one task at a time. They may also fail to complete tasks they have started and appear to lose interest. These are common issues faced by people after a brain injury.

Try to encourage them to undertake tasks one at a time without any distractions. You should try to keep noise to a minimum when your family member is concentrating and provide a quiet space for them.

Practising concentration can also help with their recovery. Start with simple activities such as reading a paragraph of text, or adding small numbers and build up to more difficult tasks such as reading a short story.

Fatigue can have a huge impact on concentration, so if you can see they are getting tired, let them rest and return to the activity once their energy levels have increased. For further guidance, you should ask to speak to your family member's Occupational Therapist.



Language and speech difficulties

Brain injuries can sometimes cause problems with communication. This can include the ability to speak and understand language.

Difficulties with speech can be caused by physical damage to the part of the brain that controls the muscles used for speech, as well as damage to the part of the brain that processes and understands language.

A Speech and Language Therapist will provide help and advice specific to the problems faced by your family member. They might suggest different treatments, including therapies to encourage speech, as well as other strategies that can help you and your family in your everyday lives.

The Speech and Language Therapist may also undertake a swallow assessment if your family

member is having problems with eating or drinking and provide advice where necessary.

Due to the complex nature of these problems, specific advice will be given to your family member about any difficulties they are facing. Specialist treatment and techniques will be provided to help with any ongoing problems.



Impaired insight and empathy

You may notice a change in your family member's ability to understand their own and other people's behaviour after a brain injury. A lack of self-awareness and insight into situations and other people's views and feelings is a common symptom many people struggle with.

This can be difficult for friends and family to understand. You may struggle to come to terms with this change and become embarrassed or annoyed about their behaviour. Unfortunately, your family member may become angry and frustrated with you when you try to help them with certain things or address any inappropriate behaviour.

Try to avoid any arguments or confrontation with them about their behaviour. Talk to them in a calm and gentle manner but be clear and direct about what behaviour was inappropriate. If they become angry, change the conversation and try to return to the problem once they are calmer. Provide feedback to them in a non-critical manner and explain any problems and consequences of their behaviour, using examples where possible.

If you require further support, please seek guidance from the medical team or request to speak to a psychologist.



Visual problems

Visual problems usually occur after damage to the occipital lobe, which is located in the back of the head. There are a number of visual problems people experience after a brain injury, but some of the more common problems include:

- ◆ **Blurred vision** - when objects appear fuzzy and edges aren't clear.
- ◆ **Patchy vision** - where certain parts of the vision are lost, such as large sections or smaller patches across the field of vision.
- ◆ **Double vision** - seeing two images of one object at the same time.
- ◆ **Shaking vision** - caused by the eye moving side to side, up and down or round.

All of these symptoms can result in the injured person experiencing dizziness and nausea. If your family member is experiencing any problems with their vision, you should never let them drive.

An ophthalmologist will be able to assess your family member and diagnose any problems with their sight. They may recommend specialist glasses or contact lenses to combat some of these symptoms. Your family member may also benefit from adapted technology such as mobile phones and computers with larger screens and text.

Anger and irritability

Increased irritability can be a very noticeable change after a brain injury. Your family member may be more impatient and intolerant and become irritated by things that would not normally have bothered them.

Their increased irritability can also be linked to other symptoms they are experiencing, such as fatigue and problems with memory. You should try to remain calm with them and remember that any anger and irritability expressed towards you may be as a result of their injuries.



If you can see they are getting worked up, try to give them some space to calm down and collect their thoughts.

If you are concerned by their behaviour or need support, seek further guidance from their medical team.

Low mood, depression and anxiety

Feelings of depression, low mood and anxiety are common after a brain injury. Injured people can often have difficulty coming to terms with their injuries and the impact on their life. Some of these feelings may also be affected by frustration of other symptoms they are experiencing and being unable to function as they once had.



If you notice your family member has lost interest in hobbies they once would have enjoyed, have changed their eating or sleeping patterns, are isolating themselves or appear particularly low for a long period, this may be a sign they are experiencing feelings of low mood and signs of depression.

You should speak to their doctor about your concerns and encourage them to open up about how they are feeling. The doctor may be able to refer your family member to a neuropsychologist for an assessment and specialist treatment.

Personality changes

After a brain injury, it may feel as though your family member has changed, and they're not the same person as before. This can be upsetting for yourself and the injured person, as they will often experience a sense of losing their identity.

People sometimes compare the process of experiencing a brain injury to that of bereavement. People will often go through the same process of grieving for their family member and the way they were before the accident.

Take your time to process these changes to your family member's personality. It is common to be hard on yourself, but try to be kind to yourself and understand you need to make time for you too.



If you feel like you need support, speak to your GP or your family member's medical team, who will be able to help.

Mobility challenges

Depending on the nature of a brain injury, often people will make a good recovery from any mobility and physical problems they face initially. This is why brain injuries are often referred to as an [invisible injury](#), as there are very little external signs of the injury. However, some people will experience varying problems with balance and mobility, muscle contractions and weakness, loss of sensation or paralysis.

Your family member may move more slowly after a brain injury, or experience problems with balance requiring assessment. Using a wheelchair or mobility aids is often advised, although they may still be able to stand and walk short distances. Your family member will be supported and advised by their Physiotherapist

and Occupational Therapist regarding the most appropriate mobility related equipment and options for them.

Your family member may also report stiffness, weakness, paralysis or experience spasms in their limbs (spasticity). This can sometimes affect one side of the body more than the other. If these symptoms cause discomfort, you should speak to your family member's doctor who may be able to prescribe medication to help with this.



Preparing for discharge from hospital

At the point of discharge, depending on your family member's recovery and their physical status and needs, there are different discharge scenarios. Some of these can include:

- ◆ Transfer to an inpatient rehabilitation centre
- ◆ Back home
- ◆ Back home with a package of care
- ◆ Residential home
- ◆ Nursing home

All the different options for discharge should be discussed with you and your family member, and a discharge plan should be put in place. It can often be a stressful time for everyone involved, so if you have any worries or concerns, you should speak to the medical team who will be able to answer any questions you may have. You will be supported in making the most appropriate decision by the medical team.

You and your family member should be involved in the decision-making process when developing the discharge plan.



Here are a few things you should consider before making any decisions:

- ◆ Gathering information about the plan, including any assistance your family member will need upon discharge.
- ◆ If your family member is being discharged home, what aids and equipment they will need and where these can be sourced.
- ◆ If your family member requires any adaptations to their home and how these will be funded and arranged.
- ◆ If they are being discharged to an inpatient rehabilitation centre, where is this located and what specialist care do they provide.
- ◆ If there are complex care needs either in an inpatient rehabilitation centre or at home, who will provide this care and how will it be paid for.
- ◆ You should also ask about what activities your family member can do and what they should avoid.
- ◆ What medication is your family member taking and how this is going to be managed.
- ◆ Any follow up appointments that have been arranged for your family member and who they are with and where.
- ◆ What the plan is for your family member's ongoing treatment and therapy.



When speaking to your family member's medical team, you should take notes about the discharge process and also write down any questions you may have.

Often, your family member will return home. If this is the case, they may return home for one or two visits on a trial run basis, to help understand whether the environment is right for them and if any other support and adaptations are needed.



Inpatient brain injury rehabilitation

If your family member is ready to leave the hospital but is not ready to come home, they may be discharged to a specialist centre for brain injury rehabilitation. These specialist centres provide intensive rehabilitation through structured programmes. There will usually be a multidisciplinary team providing care and therapy, including:



A **Physiotherapist** will be involved in improving your family member's balance and mobility and will put together a specific treatment plan for them to achieve as much independent function as they can.

An **Occupational Therapist** will help your family member with everyday problems and find solutions to help. This can include things such as dressing, cooking, and returning to hobbies. Their aim is to help your family member return to being as independent as possible.



A **Speech and Language Therapist** will help with any problems in relation to communication, including understanding language, verbal problems, reading and writing. They will also help with any eating and drinking problems.



A **Neuropsychologist** will treat any cognitive, emotional and behavioural symptoms your family member may be struggling with.

A **Dietician** will assess your family member's nutritional needs and will work alongside the Speech and Language Therapist to address any problems with eating and drinking.



Doctors and Nurses will provide for your family members medical needs. Doctors will oversee the treatment and therapy of your family member. Nurses will provide the 24-hour care your family member needs, including managing medication, personal care and transfers.

Continuing Health Care (CHC)

Paying for care when somebody is discharged from hospital after a brain injury can be confusing. In some cases, ongoing care needs are partly funded by social services, but there are also a variety of other options available too.

If a person has complex care needs following a brain injury, they may be eligible for NHS Continuing Healthcare (CHC). Although most care outside of a hospital setting is funded through social care, CHC is paid for by the NHS through [Clinical Commissioning Groups](#) (CCGs).

About NHS Continuing Healthcare

[NHS Continuing Healthcare \(CHC\)](#) is designed for people with complex continuing care needs. To be eligible for CHC, a person must be over 18 years of age and have substantial ongoing care requirements. CHC can be provided in either the injured person's own home or a care home setting and can fund home therapy following a brain injury, or provide other support including help with bathing, dressing, laundry and shopping. You can find out more about CHC and the assessment process in our blog [‘How much care can the NHS provide.’](#)



Social Care

Social services can provide care following a brain injury, but the amount of support and funding an injured person receives depends on their care needs and how much money they have to contribute to the cost of care.

What is social care?

There is a wide range of services included in social care, such as social work, personal care, protection, and social support. Social services' support can help people with disabilities live a more independent and fulfilling life. It can include helping people with washing and dressing, getting in and out of bed, taking medication and helping with housework. You can find out more about what type of social care is available after a brain injury and who will provide this care in our blog ['Do social services provide care following a brain injury.'](#)



Case Managers

The role for the a case manager is to advocate for your family member and provide help after a brain injury. They can provide advice on how to access services and care providers, as well as source any aids, equipment or adaptations for your specific needs.

Not everyone will be appointed a case manager after a brain injury, and it will depend on your individual circumstances.

If a case manager is appointed, they will look at you and your family member's needs and will create full plans around these needs, working alongside other healthcare professionals and care providers to ensure your family member's whole wellbeing is considered.

They will also be actively involved in assessing any rehabilitation needs your family member has and be instrumental in setting up full rehabilitation plans, as well as sourcing suitable therapists (including Occupational Therapists, Physiotherapists, Speech and Language Therapists and Neuropsychologists).



A case manager should be proactive in their approach and assess the real needs of your family member following a brain injury. Their roles can involve:

- ♦ Evaluating the needs of the injured person and the resources available to them.
- ♦ Finding the most efficient and cost-effective ways of meeting these needs.
- ♦ Assistance with any discharge plans and providing recommendations for discharge (e.g. whether back home, an inpatient rehabilitation centre or other accommodation).
- ♦ Liaising with the whole treating team including clinicians, care providers and social care, for example, resulting in joint care plans.
- ♦ Facilitating self-care to improve independence.

Having a case manager helping you can greatly improve your family member's recovery and wellbeing, while also supporting and helping the whole family. Their role is about coordinating all of your family member's needs and ensuring you and your family have access to a comprehensive care and support package.



About CFG Law and making a claim

CFG Law is an innovative serious and catastrophic injury solicitors driven by a common purpose 'to help those affected by injury – together' We work collaboratively and proactively with all those affected including family and friends of the injured person, alongside health, social care and other organisations. This enables us to provide a legal service complemented by non-legal advice, support and guidance, always having regards to immediate and future needs and wellbeing. Our ultimate aim is to help all injured people achieve their best outcome and to enjoy fulfilled lives.

At CFG Law, we understand how difficult and stressful it can be when a family member has suffered a brain injury. With everything that's going on, and the various concerns you'll have about your family member, accessing the right treatment and understanding the impact of this type of injury is often confusing and difficult.



That's why we help our clients by offering more than expert legal advice. We work with medical professionals and charity organisations to help you and your family member get access to all the diagnosis, treatment options and funding they need to get better. Our team of solicitors are not just experienced with Traumatic Brain Injury cases, but dedicated to helping your family member recover in any way they can.

Book a free consultation
with a brain injury solicitor

