REHAB SYNERGIES

SLP HACK:

any method, skill or information that increases efficiency and treatment!

The purpose of the SLP Hack is for clinicians to swap tips, materials so we all can provide the best care.

Did you know:

- Free access to ASHA Learning Pass for ASHA members through June 30, 2020
- Unlimited access to CE360; contact amora@rehabsynergies.com for access information
- July 11th Virtual AmpCare CE Course information to be released soon

Treatment Spotlight: Coronavirus (COVID-19)

Coronavirus (COVID-19) is a respiratory infectious disease caused by a newly discovered type of coronavirus. As this disease is new, unfamiliar and evolving, our understanding of the sequelae and the long-term outcomes is unknown. To assist in treatment, here are tips and trends based on available research and anecdotes. This handout is not exhaustive and is intended for educational purposes - each treatment plan should be individualized.

This handout applies to patients following the acute phase of COVID-19; five-seven days after the initial onset of signs and symptoms as the viral load begins to drop and are deemed to be non-infectious.

Rehabilitation for this patient population is similar to that provided for many patients within the skilled nursing setting - the goal is the same - maximize their function & increase quality of life. A thorough assessment and an individualized treatment plan is appropriate.

Review the *Rehab Synergies Post-COVID Therapy Treatment Program* to aid in determining when patients may be ready to being participating in therapy along with other Speech Therapy assessment and treatment information

Comorbidities:

- The leading comorbid conditions of patients with severe or critical cases include hypertension (55%), coronary artery disease and stroke (32%) and diabetes (31%). These patients are typically older & have preexisting cardiovascular & cerebrovascular disease.

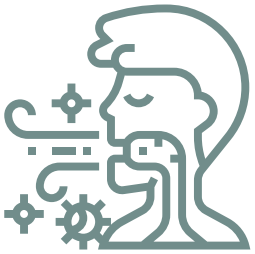
Cognitive Sequelae:

- Cognitive impairments can affect 70-100% of patients with respiratory failure or shock. All components of cognition can be affected, including attention, visual-spatial abilities, memory, executive function & working memory. There is great deal of variation between severity and persistence of impairments.

Complications:

- Reported complications early-on are acute respiratory distress syndrome, sepsis/septic shock, multi organ failure, acute kidney injury, and cardiac injury.
- Acute Respiratory Distress Syndrome (ARDS): occurs when fluid collects in the lungs' air sacs and deprives organs of oxygen resulting in severe shortness of breath, labored, and rapid breathing, low blood pressure, confusion and extreme fatigue.
- Post Intensive Care Syndrome (PICS) has also been documented in this patient population: This syndrome is defined as new or worsening health problems after critical illness that lingers after the patient has been discharged from the hospital. Symptoms associated with PICS include reduced pulmonary function, problems with thinking including difficulty concentrating and memory. Patients who had been intubated previously may continue to have difficulty with swallowing, voice and communication.

Clinical Implications



These patients may present with the following clinical needs:

- Reduced and compromised respiratory strength and coordination
  - Recommend referencing Rehab Synergies Speech Therapy Pulmonary Rehab program for respiratory exercises, etc.
  - Teach diaphragmatic breathing, easy onset and pursed lip breathing
  - Incorporate pacing to compensate for decreased breath support and fatigue during speech production and for dysphagia
  - Utilize easy onset/ yawn-sign approach
  - Lee Silverman Voice Treatment (LSVT) if trained
  - Increasing awareness and self-monitoring
    - Education regarding impact of fatigue on cognition, voice and speech, swallowing
    - Utilize Rated Perceived Exertion (RPE) Scale
    - Vocal hygiene strategies
    - Teach health literacy; educate patient on recommended precautions and strategies to avoid transmission, along with identification of signs/symptoms
  - Respiratory muscle training – completed via the use of a small, handheld device that provides resistance. Train the patient to forcefully inhale or exhale. The frequency of training, number of repetitions, and amount of resistance is based on patient severity, preference. The Breather may be purchased through DSSI ApexNET ID# 2102580
    - Recommend utilization of the Breather Coach app
    - Consult with RT
    - Incentive Spirometer

- Management of Tracheostomies
  - Need for PMV
    - Recommend review of Application of the Passy-Muir Swallowing and Speaking Valves (Webinar) presented on May 27th 2020. See Passy-Muir website for additional offerings
    - Recommend utilization of TrachTools app

Reference: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7212817/