



Te Whatu Ora
Health New Zealand

Patient and Whānau Information

Post Traumatic Amnesia (PTA)

Definition of PTA

PTA is a state of confusion that occurs immediately following a traumatic brain injury, in which the injured person is disorientated and unable to remember events that occurred or events prior/after the injury.

Main symptoms of PTA

- Disorientation (person unable to state their name/where they are/ time/date).
- Impaired memory, unable to recall information or events on a day-to-day basis, affecting their capacity for learning.
- Altered behaviors, restlessness, aggression, anxiety, agitation, violent, altered sleep patterns.

Other symptoms of PTA

- Lower consciousness level
- Fatigue
- Disorientation and confusion
- Reduced attention and concentration
- Sensitivity to light/noise
- Difficulty with abstract thought, decreased problem solving
- Poor verbal recognition
- Reduced time of information processing.

Why measure PTA?

- Identifying, if someone is in PTA
- Length of time in PTA is used as an index of severity of brain injury
- Assists in planning appropriate patient care
- Rehab - knowing what therapy is appropriate
- Assists with monitoring progress/recovery
- A way to encourage rest in a controlled environment, which is important for head injury recovery
- Identifies the 'walking wounded' patients may present well, but are not.

PTA assessments used at Te Whatu Ora Taranaki

Age	PTA Assessment	
	Within 24 hours	After 24 hours
7 years and over	Abbreviated Westmead	Full Westmead
4 to 6 years. 11 months	Head Injury Screen	SYPTAS (Sydney PTA Scale)
Under 4 years old	Head Injury Screen	Head Injury Screen

What are the Westmead and SYPTAS?

- Standardised assessment
- Used as a screening tool for PTA
- Designed to objectively measure the period of PTA
- Consist of orientation and memory questions
- Used once patient has regained consciousness and can communicate verbal or non-verbal.

When is the PTA assessment administered?

- After any closed head injury due to a trauma or mechanical force
- Ideally day one of patient regaining consciousness post head injury
- When a patient is most alert.

It is important that family members do not rehearse with patient during the day.

Assessment exclusion criteria

- Known intellectual disability
- Pre-existing cognitive impairments
- Penetrating or missile head trauma.

Management of PTA

Environmental – reduce stimulation, quiet environment, single room, no screens, personal belongings from home, room cues (clock, picture signs for toilet etc).

Agitation – short graded therapy sessions to start building structure, flexibility with time, limit visitors to prevent over stimulation and frequent reassurance and orientation cues.

Interaction – listen to patients concerns, simple instructions and closed questions; allow processing time, errorless learning.

Medication – rarely successful as it can dull or hide symptoms, have sedation affects, reduces cognitive skills and can increase agitation.

Family – education and written information. Limit visitors. Gain personal information (likes, dislikes, help gain motivation to rehab), keep a written diary to help reorientation.

After the PTA period

- PTA might be cleared, however cognitive and/or physical deficits can remain preventing discharge home – an occupational therapist will continue to assess and provide guidance and education.
- After discharge symptoms may still be experienced. Please follow discharge advise.
- A referral to ACC concussion clinic will be made to follow up after discharge.