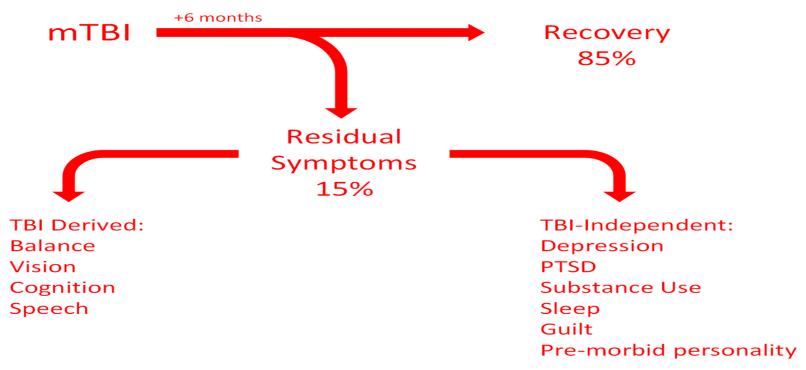




One Stop Shop; Walter Reed 7 East NeuroPsychiatry/TBI Inpatient Unit

CPT Deborah Edwards
Service Chief, 7 East WRNNMC
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NeuroBehavioral Sequelae







Treatment Flow

Diagnosis

What?

Identification
of all the
injuries and
health
conditions that
affect the
patient's body
physiology



Intervention

So what?

At the patient level:
Targeted rehabilitation based on assessments of activity limitations



Participation

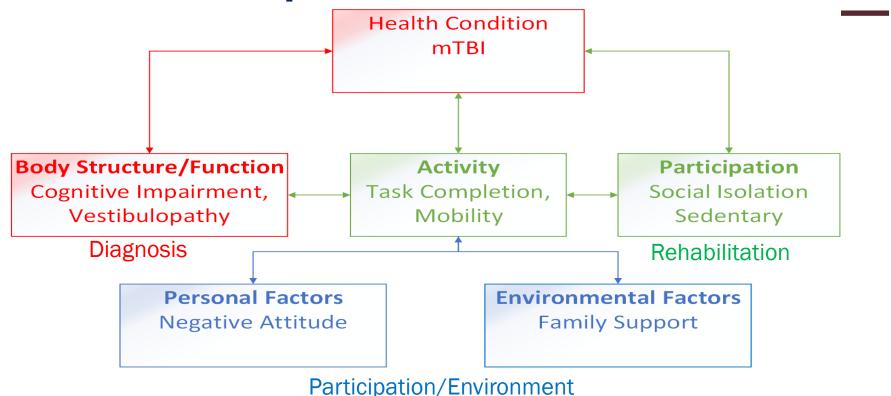
Now what?

Understanding the patient's living and work environment, their life journey, their supports and relationships





Functional Impact









ICF Domain	Sub-Domain	Assessment Approaches/Tools	Discipline Taking Lead Role
Body Structure (anatomical body parts, including organs, limbs, and their components)	Structure of the Nervous System	Physical Exam, Extended MSE MRI of brain EEG EMG	Neurology, Neuropsychiatry
	Structures Related to Movement	Physical Exam, X-Ray, CT and MRI	Neurology, (PM&R)
	Eye and Related Structures	Neuro-ophthalmologic evaluation	Neurology, Neuro- Ophthalmologist
	Ear and Related Structures	Audiology evaluation Vestibular evaluation	Audiologist PT/ENT
Body Function	Cognitive Functions	Neuropsychological Evaluation	Neuropsychologist
(physiological and	Emotional Functions	Neuropsychiatry/Psychology	Neuropsychiatry
psychological functions	(mood, personality)	History and Exam	Neuropsychologist
of body systems)		PAI, GAD-7, PHQ-9, PCL-5, TSI-2, NSI	Psychologist
	Pain	Physical Exam, Imaging	PM&R/Pain/Neurology
	Sleep	PSQI, ESS, Sleep Lab	MD
	Fatigue	MFI	Physician workup
	Neuromusculoskelet al and Movement- Related Functions	Physical Exam, PT Lab	Neurology, PT
	Proprioception	Physical Exam, PT Lab, NCV	Neurology, PT







7 East Model

- The 7 East Model fits the ICF Classification
- Evaluation = Diagnostic Assessment (Diagnose before treat)
- Which body systems are abnormal and what is the cause?
 "What" is wrong?
- Treatment Referrals = Rehabilitation and maximizing quality of life
- Maximizing Activities and Function
- Family Support and lifestyle modification
- Maximizing participation







Medical-Surgical Nursing Environment









7 East Overview

- Inpatient floor licensed as a medical/surgical unit with a Neurobehavioral team
- Admits service members with neuropsychiatric complications of TBI/ABI that impede treatment or community success
 - Psychosis, mania, impulsivity, complex partial seizures, delirium
- Also provides diagnostic evaluation of patients with complex neurobehavioral presentation
 - Altered MS or behavior, etiology unclear
 - Encephalitis, dementia, intracranial tumors, CVA
- Average LOS 10-30 days
- Referrals from other services at WRNMMC, VA, and community







What's Different about 7 East?

- Allows extended assessment of patients with complex mix of psychological and physical complaints
 - Chronic pain/Headache
 - Depression
 - Repeat concussion/mTBI
 - Balance and hearing problems
- Patients can be evaluated by all the medical disciplines at WRNMMC
 - Patient will be managed by nurses and other team members skilled in behavioral assessment and management
 - Extended contact with 7 East providers allows better diagnostic assessment of neuropsychiatric presentations
- Avoids stigma of a psychiatric admission





Treatment of 7 East

- Pharmacotherapy (but not to excess)
- Stopping meds is therapeutic too
 - Medication washout
- Non-narcotic pain management
- Rehabilitative therapies/holistic approach
- Standard psychotherapies in the behavioral health portfolio customized for the individual patient's impairments
- Behavior management
- Treat the support system (Improve resilience)
 - Family members may need treatment
- Education of the patient and caregivers
- Coordinate with the patient's existing provider "team"







Point of Contacts

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