



# Documentation Assignment: ICU Co-Treatment (Stroke)

## Learning objectives:

By the end of this assignment, the successful student will be able to:

1. Document an OT/PT co-treatment for an individual s/p stroke who is currently in the ICU.
2. Reflect on the role of OT and PT in a co-treatment and what should be included in a co-treatment note.
3. Critically analyze documentation and provide constructive peer feedback.

## Co-Treatment in the ICU

Use the following videos from the ICE Video Library to document your OT/PT co-treatment. Find the videos by typing the title in the search box. For example, type, "ICU, Co-treatment, Part 1" to find the first video.



**ICU, Co-treatment, Part 1**  
3:57  
The PT and OT work together in the ICU, demonstrating how to prepare the environment, equipment and monitors prior to patient treatment.



**ICU, Co-treatment, Part 2**  
1:27  
The PT and OT work together in the ICU, demonstrating how to prepare the patient for his treatment session.



**ICU, Co-treatment, Part 3**  
1:38  
The PT and OT work together, demonstrating bed mobility techniques (rolling, sidelying to sitting) with a stroke survivor in the ICU.



**ICU, Co-treatment, Part 4**  
4:51  
While PT and OT demonstrate how to work together with a stroke survivor on sitting balance in the ICU, an alarm signals a problem with one of his monitors.



**ICU, Co-treatment, Part 5**  
5:13  
While PT and OT demonstrate how to work together with a stroke survivor on sitting balance in the ICU, an alarm signals a problem with one of his monitors.



**ICU, Co-treatment, Part 6**  
4:45  
The PT and OT work together in the ICU, adjusting lines and monitors while preparing a stroke survivor for a two-person transfer from the bed to the chair.



**ICU, Co-treatment, Part 7**  
2:17  
The PT and OT reposition the stroke survivor in the chair and demonstrate proper positioning of the upper extremity, all in the ICU.



**ICU, Co-treatment, Part 8**  
1:52  
The therapist demonstrates oral hygiene and use of the suction catheter with a stroke survivor in the ICU.



**ICU, Co-treatment, Part 9**  
4:17  
The PT and OT work together in the ICU and demonstrate how to prepare the patient and the environment for a two-person transfer from the chair to the bed.



**ICU, Co-treatment, Part 10**  
7:39  
The PT and OT work together in the ICU and complete their treatment session by returning the patient to bed and reconnecting all lines and monitors to their original ...

# Assignment Instructions

## Treatment Note

In this video scenario, imagine that you are the OT who is treating Tom, a stroke survivor, alongside your PT colleague Sue. Using DocuLearn, write a SOAP note for your 18-min ICU co-treatment. Select your own date and time for the treatment (e.g., use today's date at 9am).

Assume that the short-term goals below are from his recent initial evaluation. Be sure to address progress towards these goals in your SOAP note. If all goals are met, add new goals. If they are only partially met (or only 1-2 are met), note progress in the A section. You do not need to write new goals in a treatment note if all goals are not met.

**Within 1 week, pt will:**

- 1. Don shorts with max A.**
- 2. Transfer EOB to chair with max A.**
- 3. Follow simple commands 3x's without cues.**

Remember to save your note to pdf. Your DocuLearn pdf will only include fields that you select. Since this is a treatment note (not evaluation), you do not need to include medical history or occupational profile. For this scenario, your O section should focus on these categories:

- **Cognition**
- **Occupations**
- **Mobility and Balance**
- **Persons Present During Session**
- **Client Status at End of Treatment**

## Reflection Questions

1. What kind of set up was needed prior to initiating treatment?
2. What types of medical equipment does Tom have?
3. How did the therapists decide which side of the bed for Tom to get out?
4. How did the therapists ensure safety throughout treatment?
5. How did the OT and PT communicate and work together during and after the session?
6. What activities did you observe that gave you insight into Tom's cognitive level?
7. How can you infer and document Tom's pain level?
8. What goals and activities do you think would be good for Tom to work on in the next session?

## Peer Feedback

- Bring your completed electronic SOAP note to lab.
- Prepare to swap notes with a peer to give and receive feedback.
- Use the Documentation Checklist on the next page to guide your feedback.

# Suggested Answers for Reflection

## What kind of set up was needed prior to initiating treatment?

1. Introduce OT and PT and purpose of treatment.
2. Remove blood pressure cuff, sequential compression devices.
3. Remove unnecessary pillows and bed sheets.
4. Lower side bedrail.
5. Bring the chair around to other side of bed.
6. Place sheet in chair.
7. Put on non-slip (anti-skid) socks.
8. Disconnect IV pole.
9. Ensure safe location for Foley catheter and IV lines.
10. Disconnect oxygen saturation.
11. Disconnect temperature gauge on catheter.

## What types of medical equipment does Tom have?

IV lines (peripheral venous catheter/PVC, and central venous catheter/CVC), EKG/telemetry, oxygen saturation monitor, Foley catheter, BP cuff, sequential compression devices, hospital bed

## How did the therapists decide which side of the bed for Tom to get out?

The right side of bed was chosen because of the location of the lines and tubes. It was easier to move the chair around to the right side. It is often possible to unplug and move the IV pole and other equipment when the lines are long enough. Don't be afraid to rearrange the room if safely possible.

## How did the therapists ensure safety throughout treatment?

- Removed unnecessary lines prior to treatment
- Used non-slip (anti-skid) socks.
- Applied gait belt.
- Lowered bed.
- Positioned his feet on the ground when edge of bed.
- Continued to check lines and tubes.
- At least one therapist stayed at his side at all times when out of bed.

## How did the OT and PT communicate and work together during and after the session?

- The OT and PT often talk about what they are about to do and/or what needs to be done next which facilitates communication between them and the patient. They also took turns being in the front of the patient and leading the session.
- After the treatment, they discussed their observations. It is important for the OT and PT to communicate how they will document and split the billing units. Each therapist must write a separate treatment note (which indicates that offered a co-treatment), but they can split the load by writing about different parts of the session (e.g., PT can write about mobility and OT can write about ADLs/cognition).
- Of note, the PT did seem to be the leader in this session, as she appears to be more familiar with Tom. The OT stated that she is covering for another therapist.

## What activities did you observe that gave you insight into Tom's cognitive level?

Cognition can be assessed throughout the session by observing Tom's eye contact, ability to follow one step commands, spontaneous interaction, verbalization or gestures, appropriate use of objects (e.g., glasses), response to cues, attention to personal space and environment, rate of fatigue, consistency of responses, and awareness of deficits.

## How can you infer and document Tom's pain level?

Although Tom was mostly nonverbal, he was able to use gestures to communicate his pain level. Early in the treatment, he grabbed his head and winced after rolling. When sitting on the edge of bed, he appeared to nod consistently to indicate that he was not in pain.

# Suggested Answers for Reflection (cont.)

## 8. What goals and activities do you think would be good for Tom to work on in the next session?

### Activity recommendations:

Consider working on the same activity for a consistent period to allow mastery. Continue working on attention to the left. Encourage consistent verbalization. Gradually increase treatment session time. Be patient when offering cues and assistance; give Tom plenty of time to respond and problem solve on his own.

- Dressing – shorts, pants, t-shirt
- Grooming – wash face, brush teeth
- Bathing
- Bedside commode transfer
- Reaching for meaningful objects on hospital table
- Vocalization – Naming meaningful objects, yes/no questions

### Goal-writing recommendations:

Write goals that are measurable and track small changes. Be specific about location (e.g., sitting edge of bed vs sitting in chair). Use estimated numbers for cueing rather than “min, mod, max cues.”

### Example goals:

Within 1 week, pt will:

1. Brush teeth after setup sitting EOB with CGA for sitting balance.
2. Bathe 50% of body while sitting in chair with supervision and 10 verbal cues or less.
3. Select 3 appropriate grooming items when placed on table left of midline with 3 cues or less.
4. Name 5/5 simple objects using clear vocalization and one cue per object.

### Example goals using FIM Terminology:

Within 1 week, pt will:

1. Don shorts with mod A and 5 cues or less while sitting in chair.
2. Transfer EOB to BSC with mod A.

### Example goals using CARE Tool (GG) Terminology:

Within 1 week, pt will:

1. Don shorts with partial assistance and 5 cues or less while sitting in chair.
2. Transfer EOB to BSC with partial assistance.
3. Brush teeth after setup sitting EOB with touching assistance for sitting balance.