**CLIENT OVERNIGHT LEAVE**

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| --- |
| **Client Name**: |
| Details of Overnight Stay:**Address**:  |
| From **Date**: | **Time**: |
| To **Date**: | **Time**: |
| **Contact Person’s Name**: | **Relationship to Client**: |
| **Contact Telephone Number**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments**  |
| **Any Risks?** |[ ] [ ]   |
| **Any assistance needed?** |[ ] [ ]   |
| Medical Condition / Allergies  |[ ] [ ]   |
| Risk of non-compliance with medication  |[ ] [ ]   |
| Skin integrity  |[ ] [ ]   |
| Nutrition  |[ ] [ ]   |
| Communication  |[ ] [ ]   |
| Swallowing / choking  |[ ] [ ]   |
| Orthopaedic considerations  |[ ] [ ]   |
| Mobility  |[ ] [ ]   |
| Manual handling / transferring  |[ ] [ ]   |
| Dis-orientation / Memory  |[ ] [ ]   |
| Risk of absconding  |[ ] [ ]   |
| History / Risk of abuse by client  |[ ] [ ]   |
| Vulnerability / History of others harming client  |[ ] [ ]   |
| Client uses verbal threats/abuse/aggression  |[ ] [ ]   |
| Client uses physical violence/weapons/objects  |[ ] [ ]   |
| Damage to property  |[ ] [ ]   |
| History of/current mental health issues  |[ ] [ ]   |
| History of /current self-harm / suicide behaviour  |[ ] [ ]   |
| Smoking  |[ ] [ ]   |
| Substance misuse(Alcohol/Drugs)  |[ ] [ ]   |
| Dis-inhibition  |[ ] [ ]   |
| Self-neglect / Non-engagement   |[ ] [ ]   |
| Safety awareness  |[ ] [ ]   |
| Social situation/security  |[ ] [ ]   |

While people stay at ABI Rehabilitation, part of transitioning home, and back into the community people go on overnight leave (up to three nights throughout the duration of their stay at ABI Rehabilitation). This form is designed to provide some general guidance and recommendations for you and your family members when having overnight leave.

Following a brain injury, people can experience changes in their physical abilities (i.e. balance, vision, dizziness, or strength), they can also have changes with their thinking skills (i.e. more easily distracted, forgetful, have difficulties with problem solving). This should be considered and monitored during the overnight leave.

Going on overnight leave helps with the transition home, to spend time with friends/family in preparation discharge. Weekend leave can help assist with identifying any further rehabilitation needs (including equipment if required).

During the overnight stay, it is important to engage in normal activities and interactions with friends and family (with appropriate support).

**Safety issues:** Specific recommendations about *mobility*, *swallowing*, *equipment, behaviour* and *daily assistance* should be discussed with the therapy team prior to weekend leave.

**Information for You and Family / Friends**

Medication

Any medication required should be discussed with the Nurse before going on leave.

Post Traumatic Amnesia

Following a traumatic brain injury, most people go through a stage in their recovery called Post Traumatic Amnesia (PTA). This is a phase in someone’s recovery where they can have difficulties with their memory. It is recommended when someone is in PTA, that they have limited visitors, and restricted time watching TV/on devices and regular rest periods.

Driving
Following a brain injury there is a driving stand down period. Please speak to the medical or therapy team for specific stand down durations. People are required to have an OT driving assessment and having GP clearance prior to returning to driving. Assistance with transport will be required from family and friends during this time.

Drugs and Alcohol

There is a recommendation following a brain injury to abstain from drugs and alcohol for two years to assist with brain recovery.

Fatigue

Fatigue is a common symptom following a brain injury and can have a flow on effect to mood, thinking and physical abilities. It is recommended that you and your family monitor your fatigue levels and adjust activity levels if required. Rest periods may be required.

Sexual functioning and relationships

After a brain injury some people may notice changes in this area. This is something we address with all age groups, including adolescents. If you have any questions or concerns, please don’t hesitate to speak to a team member you feel comfortable with.

Communication

Following a brain injury, people may experience changes in the way they communicate, at times they may need support to interact. Please support your family member with implementing strategies if required and speak to the therapy team about specific communication needs prior to weekend leave.

**Other information:**

ABI Rehabilitation Contact

**Auckland Intensive site:**

If there are any problems or any changes during your overnight stay, please contact the nurse in charge on 027 5554502 or (09) 831 0080.

**Wellington Intensive site:**

If there are any problems or any changes during your overnight stay, please contact 021 654 699 or (04) 237 0128

Whanau Coffee Break

At Auckland Intensive site a Whanau coffee break meeting is held on Wednesday from 3:30-4:30pm in the hub where family members are invited to share experiences, seek support and ask questions with support from ABI staff who can provide additional brain injury education.

Emergencies

If you have any emergencies please call 111.

If you have any mental health crisis concerns, such as your family member making a worrying statement about their safety, you can call:

**Auckland Intensive** site please call West Auckland Mental Health Crisis Team on 09 822 8501 – 24 hours

**Wellington Intensive** site please call Te Haika (Mental Health) – 0800 745 477

**Feedback about overnight leave (what went well / did not go well?):**

Date of overnight leave:

Who was present during the overnight leave?

• What activities were done on Saturday?

• What activities were done on Sunday?

• How were fatigue levels managed over the weekend?

• How was sleep managed over the weekend?

• What activities require assistance or support?

• Were medications taken without assistance or were reminders needed?

**On this scale, please rate how you feel the weekend went overall.**

|  |  |  |
| --- | --- | --- |
| Issues/ Significant problems | Mild problems but manageable | No/ minimal issues |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Please identify main issues: