

11/8/72

REQUEST FOR CONSULTATION

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To: Karl Bucovaz (Neurophysiology)

Note: If a particular consultant is required to see the patient, he should be named. Otherwise the request for consultation should be addressed to the appropriate Department.

Name:	Age	Sex	Ward	Hospital Number
Mr. Mrs. Miss Alex BAYLIS	15	M	6	381

Occupation: Schoolboy Consultant: Dickson

Provisional Diagnosis: Thanks for performing neuro assessment on this young man who had closed head injury (MVA). His 16 yr old sister was killed the accident.

Clinical Notes (By) He presents as quiet and cooperative with concrete thinking and some obsessiveness. Apparent always done well at school - always go into year 10. R Buswell

REPORT: Thank you for referring this 15 yo boy. He was alert and fully orientated and able to recall events from the past. In conversation it was noted that he spoke in a rambling nonsensical manner despite his earnest attempt to make his meaning clear. At times I simply had to change topic having made no sense of his discursive reasoning.

His best performances suggest bright average premorbid intellectual ability.

He demonstrates specific visuospatial memory impairment and disturbed learning curves for complex material. Proactive rather than recognition memory. interference is evident particularly effecting spontaneous recall.

There is evidence of a subtle visuo perceptual disturbance. He appeared to have decreased smell in the L nostril though he felt it may have been blocked. Though he demonstrated some good performances on problem solving and reasoning tasks there were many instances of uncertainty and conceptual rigidity.

AS REC IN MRD

Vertical handwritten notes on the right margin: "He should be given end... 6 weeks... I think... How? I feel... of conf... with a... do not..."

THE PRINCE HENRY HOSPITAL
DISCHARGE SUMMARY

HOSPITAL NUMBER
38 30 65

RB/MS

NAME: BAYLISS Alexander
ADDRESS: Chum Creek Rd.,
Healesville. VIC. 3777.
ADMITTED: 21.1.86
DISCHARGED: 14.2.86
DIAGNOSIS: Closed head injury
for assessment.

AGE: 15
H.M.O.: Dr. H. Dickson
REFERRING M.O.: Dr. A. Robson
FOLLOWUP: Dr. H. Dickson (17.3.86)

20.2.86 53

OPERATION & DATE: Nil

TREATMENT ON DISCHARGE: Nil

SUMMARY of history, physical signs, relevant investigations, clinical course & treatment.

HISTORY

This school student was involved in a motor vehicle accident on 7.12.85 (in Canberra), in which he suffered a closed head injury and a fractured left radius. He was unconscious for an unspecified period of time. The patient underwent internal fixation of the fracture.

He was discharged, fully mobile and independent, and returned to Sydney with his family and was referred to The Prince Henry Hospital for further assessment and rehabilitation.

EXAMINATION

On examination, he was alert and oriented, with a good memory, blunted affect, concrete thinking and slightly inappropriate behaviour. There were no significant neurological or other physical deficits, except for a slight weakness in the left upper limb.

Assessment confirmed the above features and suggested subtle right parietal lobe problems (visuo-spatial).

INVESTIGATIONS

CT head scan - 4.2.86 - Possible mild prominence of cortical sulci. No other abnormality detected.

X-ray left forearm - 23.1.86 - The plated radial fracture is in a satisfactory position. Some callus formation is noted.

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BAYLISS Alexander

H.N.: 38 30 65

PROGRESS

A recommendation was made that Alexander continue to attend the Occupational Therapy Department as an outpatient after discharge, that he repeat his last year of schooling and that he should not return to school until the end of the 1st term.

Follow up Neuropsychological assessment has been planned for 25.2.86, and he will be reviewed by Dr. H. Dickson on 17.3.86.

pe *BC*
Dr. R. Buskell
Rehabilitation Registrar

c.c. Dr. H. Dickson,
Ward 1,
The Prince Henry Hospital.

Dr. A. Robson,
Royal Canberra Hospital,
Acton. A.C.T. 2601.

Medical Records,
Royal Canberra Hospital.

Medical Records.

THE PRINCE HENRY HOSPITAL

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Our Reference:
Your Reference:
Enquiries to:



Anzac Parade, Little Bay
Postal Address
P.O. Box 233, Matraville, N.S.W. 2036
Telephone 661 0111 Ext.

OCCUPATIONAL THERAPY DEPT.

27th February, 1986.

DISCHARGE SUMMARY.

NAME: Alexander Bayliss HOSPITAL NO: 38 30 65
ADDRESS: Unknown/ EASTLAKES. AGE: 15 years.
DIAGNOSIS: Head Injury
DATE OF ADMISSION: 21/1/86
DATE OF DISCHARGE: 31/2/86
DISCHARGED TO: The care of his mother.

MEDICAL HISTORY:

Sustained a closed head injury following a Motor Vehicle Accident on 7.12.85. Admitted to Royal Canberra Hospital and remained unconscious for three weeks. Was discharged on 15.1.86 and admitted to Prince Henry Hospital Rehabilitation Unit on 21.1.86.

GENERAL PRESENTATION:

Very young 15 year old, who appears anxious about his condition and related problems. Co-operative although at times very demanding and loquacious. Some disinhibition in social behaviour.

SOCIAL HISTORY:

The accident occurred whilst the family were moving from Victoria to Sydney. Alex's elder sister was killed and his mother and younger brother suffered serious injuries. Alex is presently living with his mother and brother and his mother's fiancée. She is soon to remarry. It is felt that Alex is presently feeling quite lonely and isolated.

EDUCATIONAL HISTORY:

Alex was apparently a high-achiever at school and completed year 9 successfully.

LEISURE INTERESTS:

Alex enjoys more sedentary activities e.g. computers, photography, reading, board games etc.

OCCUPATIONAL THERAPY INTERVENTION:

Alex was first seen by this department on 23.1.86 and was seen daily until 13.2.86.

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Initial Assessments.

- a) Physical and Self Care :- Alex presented with no apparent physical deficits apart from some reduced spontaneity of movement. He was independent with all self care tasks.
- b) Perceptual Function: - minimal dysfunction noted. Difficulty coping with multi-sensory input at times. Slightly impaired tactile processing on (R) however not limiting function.
- c) Cognitive function -
 - (i) marked distractibility and poor concentration.
 - (ii) poor problem solving ability - dependent on external prompting and feedback.
 - (iii) reduced logical reasoning.
 - (iv) Concrete thought patterns.
 - (v) Sequencing and organisational abilities were at times poor i.e. unable to develop problem solving strategies.
 - (vi) Some perseveration and obsessiveness, however, patient stated that some of this behaviour was pre-morbid.
 - (vii) Requires supervision for learning of new tasks.
 - (viii) Inconsistent work performance - completes tasks rapidly however with reduced quality.

FUNCTIONAL LEVEL ACHIEVED & RESIDUAL DEFECITS.

Alex now presents with very subtle cognitive deficits. It has been recommended by the rehabilitation team that he return to school at year 9 level. The major problems which may influence his school performance at this stage appear to be

- (a) Dependency on external feedback for verification on task performance
- (b) Concrete thought patterns and rigidity of thought.
- (c) Inconsistent work performance and
- (d) Difficulty with complex organisational tasks requiring the use of problem solving strategies.

RECOMMENDATIONS:

Alex's mother has decided for Alex to return to school in May 1986. In the interim it has been suggested that Alex be involved in stimulating and challenging community activities which his mother is happy to organise. On return to school, if difficulties arise Mrs. Bayliss will contact Prince Henry Hospital for liason with the school or for any recommendations. Alex is to be re-assessed in Occupational Therapy prior to his returning to school.

SUMMARY:

Following a Motor Vehicle Accident on 7.12.86 Alex sustained a closed head injury. He was referred to rehabilitation for the ongoing management of his resultant cognitive problems. During this time he attended Occupational Therapy daily and showed considerable improvement such that at discharge his problems appear very subtle. He is to return to Year 9 at school with periodic re-assessment in Occupational Therapy.

A Adams
A. Adams.
Occupational Therapist.