A consensus process to agree best practice for managing physical wellbeing in people with a prolonged disorder of consciousness.

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**Background**

Current practice in maintaining physical wellbeing of people in a prolonged disorder of consciousness (PDOC) is variable and there is no agreed standard of care. This study addressed this deficit using a consensus process with clinicians recruited nationally in the UK.

**Methods**

A scoping review of the literature was conducted, followed by an initial meeting (Meeting-1) with purposively selected clinical-experts working in national centres for PDOC. Following agreement of the terms of reference and areas of clinical importance, a consensus meeting (Meeting-2) was conducted using nominal group technique (n=33).

Experts were initially asked to consider and amend statements generated from the literature. Following a process of refinement, experts were asked to vote on each statement to indicate their agreement. A majority of experts needed to be in agreement to reach consensus.

**Results**

Following the nominal group process, 25 initial recommendations were refined to 19 which expressed the principles of physical management for people with a PDOC. Statements are grouped into ‘acute-management’ (6-recommendations), ‘rehabilitation-input’ (10-recommendations) and ‘long-term care’ (3-recommendations), see Figure 1. Across the participants, agreement with the final recommendation statements ranged from 100-61% (n=33-20), 15 of the statements were supported by 85% or more experts (n=29). In addition, a clinical pathway of care (see Figure 2), incorporating the recommendation principles was produced (agreement from 28 experts, 83%).

**Conclusions**

The recommendations provide a basis for standardising current practice. They provide a standard against which care and effectiveness can be evaluated. A clinically accessible guideline document is planned for publication to enable implementation into practice, supported by online resources.

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