



Post Traumatic Amnesia

Post Traumatic Amnesia (PTA) is a temporary state of confusion, disorientation and memory loss that may occur after a traumatic brain injury.

Common symptoms of PTA include:

- Confusion and disorientation (e.g., not able to share information about oneself)
- Impaired memory (e.g., not able to recall recent events or new information)
- Personality changes (e.g., unusual restlessness, aggression, or impulsivity)
- Difficulty in maintaining attention (e.g., struggling to attend to tasks)
- Confabulation (e.g., mixing up imagined and real memories)

The duration, severity and symptoms of PTA can vary, depending on the severity and extent of the brain injury.

PTA can affect the patient and/or their family members, and can be distressing to witness. It is important to identify the symptoms of PTA early. Consult your doctor and care team if you have any concerns.

Diagnosing PTA

At CGH, the speech therapist will monitor the patient for symptoms of PTA during the hospital stay by administering a standardised test – Westmead PTA.

The Westmead PTA consists of 12 questions that assess orientation and memory. The patient will be tested over the duration of the hospital stay or until he or she passes the test.

Supporting individuals with PTA

Simple environmental modifications and communication strategies can help to support the recovery of patients with PTA.

Environmental Modifications

- Reduce clutter in the immediate surroundings (e.g., avoid putting too many things on the bed and table).
- Provide a quiet and peaceful environment for rest.

Communication Strategies

- Orientate patients frequently on the time of day, date and where they are.
- Reply in short and concise sentences.
- Stay calm when patients are emotional or agitated. Speak in a low, calm tone to avoid provoking further aggression.

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