

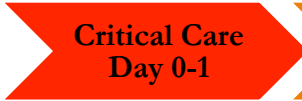
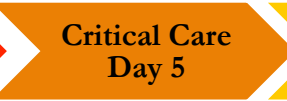
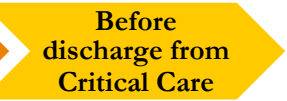
Critical Care Rehabilitation Prescription Proforma

NHS number	
Hospital number	
Patient name	
Date of birth	
Address	
Date of first admission to Critical Care	
Date of final discharge from Critical Care	
Date of discharge from hospital	

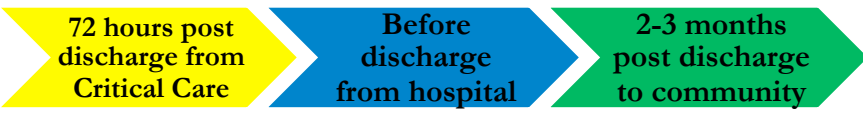
Contacts for Rehabilitation Prescription	Name
Rehabilitation practitioner	
Physiotherapist lead for patient	
Dietician lead for patient	
Critical Care Consultant	
Specialty Consultant (1)	
Specialty Consultant (2)	
General Practitioner	
Other	
Name, professional organisation number and signature of prescriber	_____

Key

A – applicable **NA** - not applicable

Domain	Tool / Plan	  		
		<input type="checkbox"/> Patient has other rehabilitation prescription, specify: -		
General	Short Clinical Assessment	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
	Comprehensive Clinical (Re)Assessment	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
Functional	Assessment tools used	- - If other, specify	- - If other, specify	- - If other, specify
	Rehabilitation manual	<input type="checkbox"/> A <input type="checkbox"/> NA Issued (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Issued (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Issued (Date/Initials)
	Rehabilitation needs goal plan	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
Nutrition	Assessment tools	- If other, specify	- If other, specify	- If other, specify
	Action plan	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
Psychological	Post ICU booklet	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
	Assessment tools	- - If other, specify	- - If other, specify	- - If other, specify
	Rehabilitation needs goal plan	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
Cognition	Assessment tools	- - If other, specify	- - If other, specify	- - If other, specify
	Rehabilitation needs goal plan	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
Patient experience/ Communication	Assessment tools	- - If other, specify	- - If other, specify	- - If other, specify
	Communication (Summaries/letters should be provided at least at one point in the pathway)	<input type="checkbox"/> GP letter <input type="checkbox"/> Summary to patient	<input type="checkbox"/> GP letter <input type="checkbox"/> Summary to patient	<input type="checkbox"/> GP letter <input type="checkbox"/> Summary to patient

Key
A – applicable **NA** - not applicable

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		<input type="checkbox"/> Patient has other rehabilitation prescription, specify: -		
General	Short Clinical Assessment	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
	Comprehensive Clinical Assessment	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
Functional	Assessment tools	- - If other, specify	- - If other, specify	- - If other, specify
	Rehabilitation manual	<input type="checkbox"/> A <input type="checkbox"/> NA Issued (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Issued (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Issued (Date/Initials)
	Rehabilitation needs goal plan	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
Nutrition	Assessment tools	- If other, specify	- If other, specify	- If other, specify
	Action plan	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
Psychological	Post ICU booklet	<input type="checkbox"/> A <input type="checkbox"/> NA Issued (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Issued (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Issued (Date/Initials)
	Assessment tools	- - If other, specify	- - If other, specify	- - If other, specify
	Rehabilitation needs goal plan	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
Cognition	Assessment tools	- - If other, specify	- - If other, specify	- - If other, specify
	Rehabilitation needs goal plan	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)	<input type="checkbox"/> A <input type="checkbox"/> NA Completed (Date/Initials)
Patient experience/ Communication	Assessment tools	- - If other, specify	- - If other, specify	- - If other, specify
	Communication (Summaries/letters should be provided at least at one point in the pathway)	<input type="checkbox"/> GP letter <input type="checkbox"/> Summary to patient	<input type="checkbox"/> GP letter <input type="checkbox"/> Summary to patient	<input type="checkbox"/> GP letter <input type="checkbox"/> Summary to patient

Instructions for completion

1. Prescription to be signed by clinical practitioner (band 7 or above) initiating prescription.
2. Indicate if patient has another rehabilitation prescription, such as trauma rehabilitation, spinal cord injury rehabilitation, stroke rehabilitation, neuro rehabilitation, cardiac rehabilitation or other.
3. If patient is readmitted to critical care a new prescription should be commenced as well as keeping previous prescription and rehabilitation pathway.
4. Mandatory fields during patient pathway:
 - a. At least one Short Clinical Assessment should be performed prior to discharge from critical care. If patient at risk it should be followed by a Comprehensive Clinical Assessment. If patient at low risk repeat the Short Clinical Assessment during ward stay.
 - b. All patients showing to be at risk by the Short Clinical Assessment should have a Comprehensive Clinical Assessment.
 - c. Comprehensive Clinical Re-Assessments should be performed prior to critical care discharge and during the ward stay in all patients at risk.
5. All documentation of Short Clinical Assessments and Comprehensive Clinical (Re)-Assessments should be kept together on the paper or electronic patient records for handover of care during the rehabilitation pathway.
6. Assessment tools used should be approved and validated by the individual trusts standards committee. It is preferably to use tools that are validated at wider level.
7. Rehabilitation needs goal plan and actions should be clearly documented on the patient rehabilitation pathway.
8. The patients should receive a summary of critical care admission and discharge, assessments, rehabilitation goals and progress as per NICE 83 at least once during their stay in critical care and on the ward.

Assessment tools

Functional	Nutrition	Psychological	Cognition	Patient Experience
<ul style="list-style-type: none"> • Modified Rivermead Mobility Index (MRMI) • Manchester Mobility Score • Elderly Mobility Score (EMS) • The Barthel Index • 6-minute walk • Euroquol 5D (EQ5D) • SF36 	<ul style="list-style-type: none"> • Malnutrition Universal Screening tool (MUST) 	<ul style="list-style-type: none"> • Hospital Anxiety and Depression Scale (HADS) • Depression and Anxiety Stress Scale (DASS) • Patient Health Questionnaire 9 (PHQ-9) • PTSS-14 • PTSS-10 	<ul style="list-style-type: none"> • CAM-ICU • ICU Memory tool • Mini Mental 	<ul style="list-style-type: none"> • Qualitative questionnaire • Patient tracker

References

- National Institute for Health and Clinical Excellence. Clinical Guideline 83: Rehabilitation after Critical Illness. Available at: www.NICE.org.uk/CG83