

Rehabilitation Prescription

Patient Label	Date of Discharge from Critical Care / / Length of Stay on Critical Care days Length of time on Ventilator days Tracheostomy? Yes <input type="checkbox"/> Never <input type="checkbox"/> Decannulated <input type="checkbox"/> Date Decannulated / / Discharge destination
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Part 1 - To be completed on discharge from ICU to Ward

Does the patient have any on-going clinical needs for rehabilitation after discharge from ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF YES – complete Rehab checklist:		
Complex Physical eg	Complex Cognitive / Mood eg	Complex Psychosocial eg
<input type="checkbox"/> Tracheostomy weaning <input type="checkbox"/> Ventilatory support <input type="checkbox"/> Nutrition / swallowing issues <input type="checkbox"/> Post ICU syndrome/global weakness <input type="checkbox"/> MSK management <input type="checkbox"/> Re-conditioning / cardiopulmonary rehab <input type="checkbox"/> Pain rehabilitation <input type="checkbox"/> Neuro-rehabilitation <input type="checkbox"/> Prolonged Disorder of consciousness <input type="checkbox"/> Complex disability management <input type="checkbox"/> Neuro-palliative / End of life support <input type="checkbox"/> Amputee rehabilitation <input type="checkbox"/> Specialist equipment needs <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Communication support <input type="checkbox"/> Cognitive assessment/management <input type="checkbox"/> Challenging behaviour management <input type="checkbox"/> Mental Health difficulties <ul style="list-style-type: none"> <input type="checkbox"/> Pre-injury <input type="checkbox"/> Post injury <input type="checkbox"/> Neuro-psychiatric rehab <input type="checkbox"/> Mood evaluation / support <ul style="list-style-type: none"> <input type="checkbox"/> Anxiety depression <input type="checkbox"/> Stress disorder <input type="checkbox"/> Major family distress / support <input type="checkbox"/> Emotional load on staff <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Complex discharge planning eg <ul style="list-style-type: none"> <input type="checkbox"/> Housing / placement issues <input type="checkbox"/> Major financial issues <input type="checkbox"/> Uncertain immigration status <input type="checkbox"/> Drugs/alcohol misuse <input type="checkbox"/> Complex medicolegal issues (Best interests decisions, safeguarding, DOLS, litigation) <input type="checkbox"/> Educational <input type="checkbox"/> Vocational /job role requiring specialist vocational rehab <input type="checkbox"/> Other (please specify):

MDT involvement during Critical Care		Contact Details	Ongoing? Y/N
Physiotherapy	Y/N		
Occupational Therapy	Y/N		
Speech and Language Therapy	Y/N		
Dietician	Y/N		
Psychology	Y/N		
Pain Team	Y/N		
Pharmacy	Y/N		
Other (specify) e.g. Alcohol specialist; smoking cessation; Tissue Viability.	Y/N		

This document has been produced by WYCCODN Rehabilitation Forum and is a merger of the CC3N Rehabilitation Handover Document and Rehabilitation Checklists in the ICS PICUPS Tool in order to provide a template for a rehabilitation prescription.

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Considerations	Current Status	Ongoing needs/plan Please give contact details of referrals made
<p>Motivation</p> <p>Consider barriers - including low mood, ability to enjoy activities, delirium, understanding, ability to retain information</p>		
<p>Respiratory</p> <p>O₂ requirements, Tracheostomy, NIV requirements, effective cough, breathlessness, pre-existing conditions</p>		
<p>Mobility</p> <p>Ability to get out of bed, time in chair tolerated, mode of transfer, walking aids, muscle weakness, fatigue, pre-existing conditions</p>		
<p>Function</p> <p>Use of call bell, toileting, washing, dressing, feeding, brushing teeth</p>		
<p>Nutrition</p> <p>Mode of feeding, special diet and supplemental nutrition, need for texture modification, appetite, symptoms affecting intake (e.g. taste), weight/muscle loss</p>		
<p>Swallowing</p> <p>Evaluation of risk for dysphagia and aspiration, especially if tracheostomy in situ with referral made to SLT</p>		
<p>Communication</p> <p>Verbal/non-verbal communication, access to call bell, aids for communication, hearing and vision, language support/interpreter</p>		
<p>Cognition</p> <p>Delirium status, confusion/agitation, dementia, learning difficulties, acute brain injury, pre-existing conditions, memory</p>		
<p>Psychological</p> <p>Signs of emotional distress, low mood, anxiety, nightmares, flashbacks AND/OR risk factors for psychological morbidity (e.g. delirium, poor sleep, extended duration of ventilation, history of mental health problems, previous psychological trauma)</p> <p>Does the patient have a diary?</p>		
<p>Rest and sleep</p> <p>Hallucinations, dreams, nightmares, deprivation</p>		

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Pain Chronic/acute, analgesia, strategies to help, pre-existing conditions		
Pharmacology Anti-depressants sleep aids. Medication review e.g. in presence of delirium		
Other considerations and barriers to rehabilitation Sensory problems, infection, infection control, side room, pressure area/wound care, spiritual needs		

Part 2 - To be completed on discharge from acute care

What is their rehabilitation need	What is their destination on discharge?	
<p>In-patient rehabilitation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specialist inpatient rehabilitation <ul style="list-style-type: none"> o Category A needs (Level 1)* o Category B needs (Level 2)* <input type="checkbox"/> Non-specialist inpatient <ul style="list-style-type: none"> o Category C/D needs (Level 3)* <p>Community-based rehabilitation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specialist out-patient rehab <ul style="list-style-type: none"> o Multidisciplinary o Single discipline <input type="checkbox"/> Community-based rehab <ul style="list-style-type: none"> o Specialist MDT <ul style="list-style-type: none"> o Neuro Rehab o Cardiopulmonary Rehab o Vocational rehab o Generic MDT <input type="checkbox"/> No rehabilitation needs <input type="checkbox"/> Other (please specify) <p><i>* See Appendix 1 for definitions of the various categories of need</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Transferred for ongoing acute medical/surgical needs <input type="checkbox"/> Local hospital <ul style="list-style-type: none"> o Without specialist rehab o Awaiting specialist rehab <input type="checkbox"/> In-patient Specialist rehabilitation <ul style="list-style-type: none"> o Level 1 o Level 2 o Level 3 o Other specialist rehab <input type="checkbox"/> Own home <ul style="list-style-type: none"> o Without rehabilitation o With rehabilitation <ul style="list-style-type: none"> o Neuro Rehab o Cardiopulmonary Rehab o Vocational Rehab <input type="checkbox"/> Nursing home <ul style="list-style-type: none"> o Specialist NH / Slow-stream o Other residential <input type="checkbox"/> Mental health unit without physical rehab <input type="checkbox"/> Other (please specify) 	<p>Are they being transferred to the appropriate facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO – what would be the appropriate facility? (Indicate from discharge destination list):</p> <p>Reasons for variance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Service exists but access is delayed <input type="checkbox"/> Service does not exist <input type="checkbox"/> Service exists but funding is refused <input type="checkbox"/> Patient / carer declined <input type="checkbox"/> Ongoing medical / surgical needs requiring rehabilitation at a later date <input type="checkbox"/> Other (please specify)

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Appendix 1: Guide to category of rehabilitation needs

Categories A, B and C describe the need for different levels of **inpatient or residential** rehabilitation, according to the NHSE D02 Service Specification.

They may be broadly described as follows:

Category A Rehabilitation Needs

Patients who need specialist inpatient rehabilitation delivered by a multi-professional team led by a Consultant in Rehabilitation Medicine, and who have very complex rehabilitation needs.

- Patients may be medically unstable or potentially medically unstable and may still require direct inputs from their acute major trauma teams.
- They may require involvement of 5 or more therapy disciplines.
- Category A patients include those with tracheostomies who are being actively weaned, those who require ventilation, and those with Prolonged Disorder of Consciousness.
- Patients with brain injury who have severe cognitive deficits and highly challenging behaviours requiring rehabilitation have Category A needs.

Category B Rehabilitation Needs

Patients who need specialist inpatient rehabilitation delivered by a multi-professional team led by a Consultant in Rehabilitation Medicine, and who have complex rehabilitation needs.

- Patients are usually medically stable.
- The involvement of 4 therapy disciplines is required.
- Patients with stable tracheostomy who are not being weaned may have Category B needs.
- Patients with brain injury and cognitive deficits who can be managed in a structured environment have Category B needs.

Category C /D Rehabilitation Needs

Patients who do not have complex rehabilitation needs and require rehabilitation in a residential setting, which can be delivered by a non-specialist team in either a hospital or intermediate care facility. Rehabilitation may be led by a consultant other than in RM (eg Care of the Elderly, Stroke medicine etc) or may be therapy-led

- Up to 3 therapy disciplines may need to be involved.
- Most patients with musculoskeletal injuries who need inpatient rehabilitation will have Category C needs.
- Frail elderly who have complex medical needs are likely to fall into this group.