



West Yorkshire Critical Care Network

Standard Operating Procedure Critical Care Rehabilitation & Follow Up

Acknowledgements	With thanks to the WYCCN Rehabilitation Forum
Contact	Alison Richmond, Quality Improvement Lead Nurse alisonrichmond@nhs.net
Owner	West Yorkshire Critical Care Network – Rehabilitation Forum
Date	June 2025
Version	V1
Status	Final

Contents

Introduction	3
Critical Care Rehabilitation & Follow Up SOP	4
Useful resources.....	6
Appendix 1	7
Appendix 2	8
Appendix 3	9
Appendix 4	10
References.....	12

Introduction

West Yorkshire Critical Care Network (WYCCN) member organisations aim to provide high quality and standardised rehabilitation in line with national guidance:

- National Institute of Health and Care Excellence (NICE) Rehabilitation after Critical Illness [CG83 \(2009\)](#) and [QS158 \(2017\)](#)
- [Faculty of intensive Care Medicine, Guidelines for the Provision of Intensive Care Services \(GPICS\) - Version 2.1 \(2022\)](#)
- [Faculty of Intensive Care Medicine. Life After Critical Illness \(2021\)](#)

Clinical Guidance 83 'Rehabilitation after Critical Illness' published by NICE in 2009 recognised that patients admitted to critical care often were discharged with long term psychological, physiological, and cognitive issues. The guideline recognised that if adequate support and rehabilitation was not put into place, these 'survivors' of critical care would not be able to integrate back into society. A study published in 2020 (Canavera & Elliott) found that almost a third of people recovering from critical illness still do not return to work, having a huge impact on patients' lifestyle, financial situation, family and ultimately society.

Members of the multidisciplinary rehabilitation forum from across WYCCN have developed this Standard Operating Procedure (SOP) to illustrate a step-by-step approach to rehabilitation and follow up after critical illness.

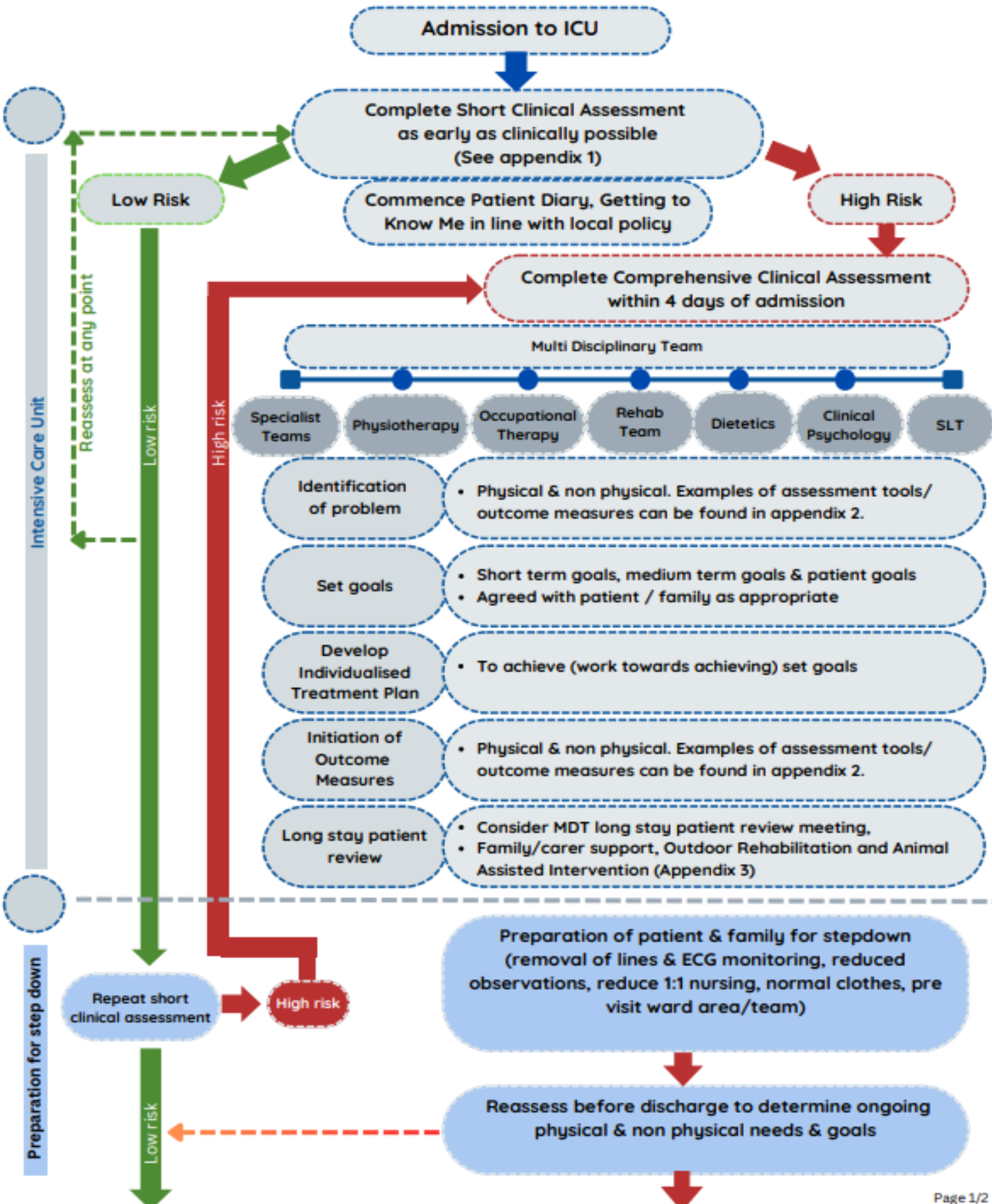
This Standard Operating Procedure demonstrates best practice and recommendations for the patient's rehabilitation journey. It includes recommendations for integration of care and handover at transition points such as leaving critical care, at point of discharge home and continuing care after leaving hospital.

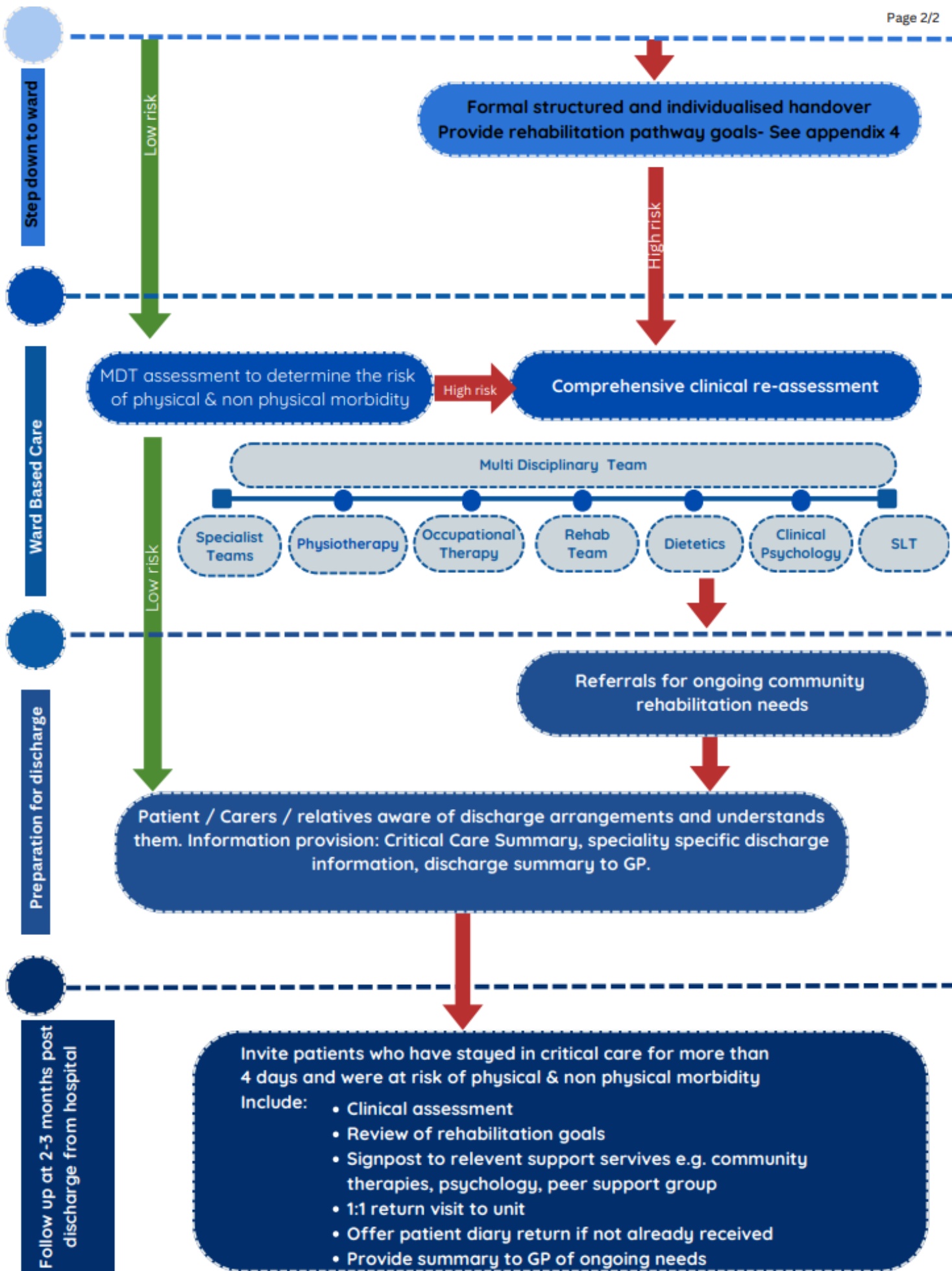
It details what assessments should be undertaken and when, how/when to involve patients/families, identifies points in the patients care of when to reassess and sets out a clear standard for provision of rehabilitation for patients following critical illness.

The flow chart with accompanying appendices, sets out a clear standard and should be used to benchmark care pathways within adult critical care rehabilitation services in WYCCN member organisations.

The pathway will look very different for each individual patient, and the healthcare professionals involved in their care will vary depending on the patient's needs and recovery pathway. The specifics regarding which professionals take responsibility for following this SOP, when they are involved, and how specific assessments are undertaken will be determined at the local trust level. These details may vary slightly from patient to patient, reflecting their unique recovery journey and the resources available within each trust.

Critical Care Rehabilitation & Follow Up SOP





Useful resources

The following resources may be useful throughout the patient critical care stay, rehabilitation pathway and follow up.

<u>WYCCN Patient Diary (Guidelines)</u>	<u>WYCCN Getting To Know me</u>
<u>ICU Steps – A Guide to Intensive Care</u>	<u>WYCCN Exercise Programme & Diary</u>
<u>ICU Steps Information Sheets</u>	
<u>ICU Steps Road to Recovery</u>	
<u>ICU Steps Active</u>	

Appendix 1

Examples from the short clinical assessment that may indicate the patient is at risk of developing physical and non-physical morbidity. If a patient triggers on any of the risk factors they would trigger the completion of a comprehensive clinical assessment.

Physical	Y/N
Anticipated long duration of critical care stay.	
Obvious significant physical or neurological injury	
Unable to self-ventilate on 35% oxygen or less.	
Presence of premorbid respiratory or mobility problems	
Risk or presence of malnutrition, changes in eating patterns, poor or excessive appetite, inability to eat or drink.	
Unable to get in and out of bed independently.	
Unable to mobilise independently over short distances.	

Non-Physical	Y/N
Lack of cognitive functioning to continue to exercise independently.	
Recurrent nightmares, particularly where patients report trying to stay awake to avoid nightmares.	
Intrusive memories of traumatic events that have occurred before admission (e.g. road traffic accidents) or during their critical care stay (e.g. delusion experiences or flashbacks)	
Acute stress reactions, including symptoms of new and recurrent anxiety, panic attacks, fear, low mood, anger or irritability in the critical care unit	
Hallucinations, delusions and excessive worry or suspiciousness	
Expressing the wish not to talk about their illness or changing the subject quickly to another topic	
Sedated and ventilated – unable to assess, but at risk of all of above	

Note: this list is not exhaustive and healthcare professionals should use their clinical judgement.
[NICE \(2009\) Rehabilitation after critical illness in adults. Clinical guideline \[CG83\]](#)

Appendix 2

Examples of some professional-specific assessment tools and outcome measures.

Generic	Dietetics	OT	Psychology	PT	SLT
PICUPS Plus	Initiation of enteral feeding within 24-48 hours	FIM FAM	CAM-ICU	CPAx	Functional Oral Intake Scale
Rehab Complexity Score	% energy target met – the numerical value of this target is set by the dietician, based on clinical assessment	TOMS	IPAT	ICU Mobility	Tracheostomy subscales of Therapy Outcome Measures
	% protein target met – as above for energy	MoCA	WHIM	MRC Sum Score	Dysphasia subscales of Outcome Measures
	Reduction in nutritional screening score				IDDSI levels from the initial assessment and final assessment
	Minimise weight loss				ICU Functional communication Scale
	Reduction in nutritional deficit				Voice Disturbances TOM
	Improvements in symptoms				
	Improved biochemistry				
	Improve patient knowledge/ empowerment				
	Improved wound healing				

Appendix 3

[Transfer to the Outdoors \(ICS 2021\)](#)

[Animal Assisted Intervention in a critical care setting \(ICS 2020\)](#)

Appendix 4



Critical Care Rehabilitation Handover

Patient label

Date of Discharge from Critical Care / /

Length of Stay on Critical Care _____ days

Length of time on Ventilator _____ days

Tracheostomy? Yes Never Decannulated

Date Decannulated / /

Discharge destination _____

Multidisciplinary team (MDT) involvement during critical care		Contact details of critical care MDT	Referral made on discharge	Date referral made:
Physiotherapy	Yes / No		Yes / No	
Occupational Therapy	Yes / No		Yes / No	
Speech & Language Therapy (SLT)	Yes / No		Yes / No	
Dietitian	Yes / No		Yes / No	
Contact for any psychological assessment / treatment	Yes / No		Yes / No	
Pain Team	Yes / No		Yes / No	
Pharmacy	Yes / No		Yes / No	
Other (specify) Alcohol specialist, smoking cessation, tissue viability etc.	Yes / No		Yes / No	

Considerations	Current Status	Ongoing needs Please give contact details of referrals made
Motivation What are the patient's goals? Consider barriers to attainment including low mood, ability to enjoy activities, delirium, understanding, ability to retain information		
Respiratory O ₂ requirements, NIV requirements, effective cough, breathlessness, pre-existing conditions		
Mobility Able to get out of bed independently, time in chair tolerated, mode of transfer, walking aids used, muscle weakness, fatigue, pre-existing conditions		

NB: This rehabilitation handover document provides a summary of the patient's current status and on-going rehabilitation needs. Specific details (e.g. goals) can be found within the individual therapists notes.

Advisory Critical Care Rehabilitation Handover document developed by the Rehabilitation Sub-group to CC3N – June 2019

Considerations	Current Status	Ongoing needs Please give contact details of referrals made
Function Use of call bell, toileting, washing, dressing, feeding, brushing teeth		
Nutrition Mode of feeding, special diet and supplemental nutrition, need for texture modification, appetite, symptoms affecting intake (e.g. taste), weight/muscle loss		
Swallowing Evaluation of risk for dysphagia and aspiration, especially if tracheostomy in situ with referral made to SLT		
Communication Options for verbal and non-verbal communication, including access to call bell, aids for communication, hearing and vision, language support/interpreter.		
Cognition Delirium status, confusion/agitation, dementia, learning difficulties, acute brain injury, pre-existing conditions, memory		
Psychological 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, past history of psychological trauma) Does the patient have a diary?		
Family and Carers Involvement in care, understanding, dependents, social issues, previous care packages, psychological issues		
Rest and sleep Hallucinations, dreams, nightmares, deprivation		
Pain Chronic/acute, analgesia, strategies to help, pre-existing conditions		
Pharmacology Analgesia prior to mobilisation, anti-depressants, sleep aids. Medication review e.g. in presence of delirium		
Other considerations and barriers to rehabilitation Sensory problems, infection, infection control, sideroom, pressure area/wound care, spiritual need		

NB: This rehabilitation handover document provides a summary of the patient's current status and on-going rehabilitation needs. Specific details (e.g. goals) can be found within the individual therapists notes.

References

Canavera, K, Elliott, A (2020) Mental Health Care before and after the ICU, Elsevier Public Health Emergency Collective, 158(5) pp1835-1836 accessed online: [Mental Health Care During and After the ICU - PMC \(nih.gov\)](#)

Faculty of Intensive Care Medicine. Guidelines for the Provision of Intensive Care Services V2.1 2022 [Guidelines for the Provision of Intensive Care Services | The Faculty of Intensive Care Medicine \(ficm.ac.uk\)](#)

Faculty of Intensive Care Medicine. Life After Critical Illness 2021 [Life After Critical Illness | The Faculty of Intensive Care Medicine \(ficm.ac.uk\)](#)

NICE Rehabilitation after critical illness 2008 [Overview | Rehabilitation after critical illness in adults | Guidance | NICE](#)

NICE Quality Standards 158 [Overview | Rehabilitation after critical illness in adults | Quality standards | NICE](#)