**Trauma System Implementation Programme**

Rehabilitation Prescription

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Version

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**HSE Rehabilitation Prescription Document**

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| Document Reference | **DOC008 & DOC009** | | Document Developed by | | **The National**  **Office for Trauma Services** |
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| Revision Date | **September 2025** | | Responsibility for Review and Audit | | **The Trauma**  **System**  **Implementation Programme** |
|  | | **RP Signatories** | |  | |
| **Name:** | | **Role:** | | **Signature & Initials:** | |
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**Rehabilitation Prescription**

**A. Contents of the Rehabilitation Prescription**

* **Section 1**: Demographic, Admission and Injury/Condition Details
* **Section 2:** Pre-Injury /condition information
* **Section 3**: Patient’s Rehabilitation Needs (early assessment)
* **Section 4:** Post-injury / condition Information – Summary of Current Impairments
* **Section 5:** Post-injury / condition Information - current level of functioning

This section outlines functional domains that can be used to document how the patient’s impairments are impacting on their current functioning. This informs goal setting and a management plan.

* **Section 6:** Patients Rehabilitation Needs (at time of discharge)
* **Section 7:** Details of Planning for Patient Transfer of Care
* **Section 8:** Contact Details

Where additional space is required to record information, select and identify the appropriate section(s) and document all information relevant to the patient using the free text headings:

**Section (number & title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (provide details below).**

**Appendix 1**: Full version of the Rehabilitation Complexity Scale – Extended Version 13. Prof Lynne Turner-Stokes 05.04.2012

**Appendix 2**: List of suggested ongoing interventions or services that patient may require

**Appendix 3:** Complex Needs Checklist

**Appendix 4**: List of services for patients referrals on discharge

1. This refers to Injuryor condition (reason for admission)

**B. Instructions for Applying the Rehabilitation Prescription for Patients Following Major Trauma**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Sections 1 (2 when feasible) and 3 are to be completed for all major trauma patients2 within 48 hours of admission to an inpatient ward. Section 2 may be completed after the 48 hour period if necessary.
  2. If the patient does not require rehabilitation on discharge, then no further information is required.
  3. If the patient is expected to discharge directly home, and requires ambulatory rehabilitation, at a minimum, section 3 must be completed and the rehabilitation prescription should be sent to the services the patient is referred to including the GP.
  4. Sections 3 - 7 are to be completed for patients who require /may require post-acute inpatient rehabilitation.
  + Information from sections 4, 5 and 7 can be used as required to document information relevant to the patient.
  + Further information to support completion of the RP is available in appendices 1 to 4.
  + The rehabilitation prescription is to be completed in preparation for the patient’s transfer out of acute hospital, regardless of where they initially transfer to, be it to another acute hospital, short-stay / residential care, home or directly to post-acute inpatients rehabilitation.
  + The RP must be sent to the receiving service / hospital and all services the patient is referred to including the GP.

2“A significant injury or injuries that are life-threatening or life-changing where it may result in disability”.

**C. Instructions for Referrals to the National Rehabilitation Hospital (NRH)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Sections 1 to 8 are to be completed for referrals to all adult inpatient programmes in the NRH.
2. The Rehabilitation Prescription is to be accompanied by a medical letter and medication list.
3. For referrals to the NRH, the Rehabilitation Prescription should be signed off by a medical consultant/GP.

Further information to support completion of the RP is available in appendices 1 to 4.

The rehabilitation prescription is to be completed in preparation for the patient’s transfer out of acute hospital, regardless of where they initially transfer to, be it another acute hospital, short-stay / residential care, home or directly to post-acute inpatients rehabilitation.

The RP should be sent to [referrals@nrh.ie](mailto:referrals@nrh.ie) or by post to Central Referrals Office, National Rehabilitation Hospital, Rochestown Avenue, Dublin.

The Rehabilitation Prescription (RP) can be completed for all patients who require ongoing rehabilitation following their acute hospital care. When completing the RP for patients who are **not** being referred to the NRH, please use the Rehabilitation Prescriptions on the Trauma Services website: <https://www.hse.ie/eng/about/who/acute-hospitals-division/trauma-services/resources/>

# Section 1: Demographic, Admission and Injury/Condition Details

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Demographic and Admission Information** | | | | | | | | | | | | | | |
| Date of Admission: Date of Initial RP: Time of initial RP: | | | | | | | | | | | | | | |
| Given First name: Family name: Gender: M  F  Patient Location: | | | | | | | | | | | | | | |
| Address: Eircode:  DOB: Phone/Email:  MRN: GP Name: Phone: | | | | | | | | | Allergies:  Infection Control:  Advanced care plan incl. DNAR order: | | | | | |
| Contact Name: Contact No: Relationship: | | | | | | | | | | | | | | |
| Medical Card**:** Yes Number No | | | | | | | | | | | | | | |
| Consultant: Admitted from: | | | | | | | | | | | | | | |
| Hospital: Ward: | | | | | | | | | | | | | | |
| **Details of Injury / Condition** | | | | | | | | | | | | | | |
| **Injury type:** | | | Musculoskeletal  Neurological  Abdominal  Amputation | | | | | Burns  Vascular  Thoracic  Brain Injury | | | | Spinal Cord Injury  Other | | |
| **Initial GCS:** 9 /15 E V M **Date of Injury:** | | | | | | | | | | | | | | |
| **Mechanism of Injury and List of all Injuries /History of Presenting Condition** | | | | | | | | | | | | | | |
| **Summary of Interventions to Date** (Specialists involved in patient care) | | | | | | | | | | | | | | |
| **Progress, Management, and Complications** (VTE Prophylaxis\*  YesNo\*Mandatory for NRH referral) Include medication list on referral | | | | | | | | | | | | | | |
| **Previous Medical History** (including mental health) | | | | | | | | | | | | | | |
| **Polypharmacy** i.e. 5 or more medications pre-injury Yes  No  **ESDR\*** Yes No  (\*Mandatory for NRH referral) | | | | | | | | | | | | | | |
| **Section 2: Pre-Injury / Condition Information**   |  |  | | --- | --- | | **Information on baseline functioning and social history** | | | **Category** | **Details to be included** | | 1. **Pre-injury / condition Information**   **Social History & Functioning Pre-admission** |  | | **2. Home Environment** | Lives Alone  Lives with Family/Friend  Please give details:  Lives in: Apartment  Bungalow  Two-Storey  Nursing Home  Other  Property is: Privately owned  Local authority owned  Rented  Sheltered Housing Homeless | | **3. Pre-injury / condition mobility**  **Personal activities of daily living**  **Instrumental activities of daily living**  **Clinical Frailty Scale Score**  **Home support services** | Independent  Walking aid  With assistance  Wheelchair  Independent  With assistance  Dependant for all  Independent  With assistance  Dependant for all    Y  N  Calls/day days/week Provider | | **4. Employment / Occupation /**  **Leisure** | Unemployed  Employed part-time  Employed full-time  Student  Retired |   **Section 3: Patient’s Rehabilitation Needs (early assessment)** | | | | | | | | | | | | |
| **Patient’s Rehabilitation Needs** (on completion of initial assessment of trauma patients within 48 hours of admission to inpatient ward) | | | | | | | | | | | | |
| **Rehabilitation Complexity Scale-Extended**  Rate care and risk but only score one. Score both risk and care and **use the highest score** | | | | | | | | | | | | |
|  |  | | **0** | | **1** | **2** | | | **3** | | | **4** |
| Medical | | Non-active | | Basic investigation/ monitoring/ treatment | Specialist intervention for diagnosis / management | | | Potentially unstable condition | | | Acute medical/surgical problem |
| Care | | Independent | | 1 carer | 2 carers | | | ≥ 3 carers | | | 1:1 supervision |
| Risk | | None | | Low risk | Medium risk | | | High risk | | | Very high risk |
| Nursing | | None | | Qualified | Rehab Nurse | | | Specialist Nurse | | | High Dependency |
| Therapy Disciplines | | None | | 1 | 2-3 | | | 4-5 | | | ≥ 6 |
| Therapy Intensity | | None | | Low level (< daily, < 15 hrs/wk) | Moderate (daily, 15-24 hrs/wk) | | | High (daily + assistant) 25-30 hrs/wk | | | Very high (daily + 2 qualified/twice daily, >30hrs/wk) |
| Equipment Needs | | No need for specialist  equipment | | Requires basic special  equipment (off the shelf) | Requires highly specialist equipment | | |  | | |  |
| **RCS-E Score:** C N M Td Ti E Total /22 | | | | | | | | | | |  |
| **The full version of the RCS-E is available in Appendix 1 to assist with scoring**  **Professions required to support identified needs and ensure referral to the same** | | | | | | | | | | |  |
|  | Orthogeriatrician | | | Geriatrician | | Occupational Therapy | | | | Pharmacist | | Palliative Medicine |
| Rehabilitation Medicine | | | Speech and Language  Therapy | | Medical Social Worker | | | | Rehabilitation Coordinator | | Vocational Rehab/Assessment |
| Psychiatrist | | | Dietician | | Psychologist | | | | Neuropsychologist | | Orthotist |
| Neuropsychiatrist | | | Physiotherapist | | Clinical Nurse Specialist | | | | Tissue Viability | | Pain Team |
| Prosthetist | | | Podiatrist | |  | | | |  | |  |
| **Rehabilitation Services Required**  Tertiary Complex Specialist Rehabilitation (National Rehabilitation Hospital)  Specialist Inpatient Rehabilitation Services (Geriatric or Rehabilitation Medicine led)  Community Rehabilitation Services  No Rehabilitation | | | | | | | | | | | |

**Section 4: Post-admission Information – Summary of Current Impairments**

**Post-admission Information**

**Summary of Current Impairments** (record n/a where relevant)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Neurological | Motor Loss | Sensory Loss | | | | Muscle Tone | | Joint Range |
| Yes  No | Yes  No | | | | Normal  Impaired | | Normal  Impaired |
| **Consciousness** | **Vision** | | | **Hearing** | **Low level awareness** | | Communication |
| GCS:\_\_\_/15 | Intact  Impaired | | | Intact  Impaired | Yes  No | | Intact  Impaired |
| **Cognition** | **Post-traumatic Amnesia** | | | | **Mood** | | **Anxiety/ Distress** |
| Intact  Impaired | Yes  No | | | | Normal  Impaired | | Yes  No |
| Respiratory | **Assisted Ventilation** | | **Tracheostomy** | | | **Oxygen Support** | | **Mgt/Weaning Plan** |
| Yes  No | | Yes  No | | | Yes  No | | Yes  No |
| Nutrition & Swallow | MUST Score: | | | Special Diet Yes  No | | | Diabetic Yes  No | |
| **Swallow** | | Normal  Impaired  Nil per oral  DOSS | | | | | |
| **Food Consistency** | | Food: level Drink: level (As per IDDSI) | | | | | |
| **Enteral/Parenteral** | | NG  PEG  RIG  TPN | | | | | |
| **Feeding** | | Independent  Requires assistance | | | | | |
| Continence & Skin | **Bladder** | | | **Bowel** | | | **Skin** | |
| Catheter Yes No  Independent with: toilet/commode/urinal Requires assistance:  Assist + 1  Assist + 2 | | | Independent with: toilet/commode  Requires assistance:  Assist + 1  Assist + 2 | | | Waterlow Score:  Braden Score:  Pressure Sore Yes  No Grade/location: | |
| Mobility | **Sitting Out** | | **Transfers** | | | **Walking** | | **Washing & Dressing** |
| Standard Chair  Special Seating  Unable | | Independent  Assist +1  Assist + 2  Hoisted | | | Independent  Assist + 1  Assist + 2  Unable | | Independent  Assist + 1  Assist + 2 |
| Weight Bearing | **Upper limbs:** | | | | | | | |
| **Lower limbs:** | | | | | | | |
| Equipment | Orthotics/prosthetics/splints  Mobility aids/transfer equipment  Specialist seating  Bed/posture management  Activities of daily living equipment  Other (e.g. environmental controls) | | | | | | | |

# Section 5: Post-admission Information-Current Level of Functioning (record n/a where relevant)

|  |
| --- |
| **Cognition, Behaviour, Mood** |
| Orientation, memory (PTA), executive functioning, perception, anxiety, depression, compliance, etc. |

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| **Communication** |
| Comprehension, expression, vision, hearing, reading, etc. Language (interpreter required). |
| **Respiratory Functioning** |
| Details on ventilation, weaning, oxygen support, suctioning, infection status, etc. |
| **Continence and Skin** |
| Level of assistance/devices/medication required to manage bladder and bowel. Details on skin condition and management |
| **Nutrition and Swallow** |
| Include weight/BMI, swallow studies, and ability to feed. Management plan for impaired swallow. |

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| **Mobility and ADLs** | |
| Details on musculoskeletal, weight-bearing, sensorimotor, spasticity, pain, contractures, and fatigue. Include level of assistance, equipment, and ongoing management. | |
| **Risks Identified** | |
| Medically unstable  include details in Section 1. | Falls Risk |
| Seizures | Purposeful Walking |
| Requires 1:1 care  Supervision | Distressed Behaviours: Verbally  Physically |
| High BMI  Low BMI | Safeguarding |
| **Equipment Needs** | |
| Standard or bespoke. Seating, transfers/mobility aids, environmental controls, etc. | |
| **Psychosocial** | |
| Include patient/family wishes. Immigration/residency, safeguarding (TUSLA), forensic history. | |
| Alcohol / Smoking/ Drug or Substance Misuse. | |
| **Outcome Measures** | |
| Please complete a Quality of Life Measure and at least one functional outcome measure. | |
| |  |  |  | | --- | --- | --- | | FIM+FAM | Barthel Index | SCIM | | Satisfaction with Life Scale | New Mobility Score | WHIM | | EQ-5D-5L | NPDS | NIS | | Other | Other | Other |   FIM+FAM: Functional Independence Measure + Functional Activity Measure. SCIM: Spinal Cord Independence Measure. EQ-5D-5L: European Quality of Life 5 Dimension. NPDS: Northwick Park Dependency Scale. WHIM Wessex Head Injury Matrix. NIS Neurological Impairment Scale | |
| **Anticipated challenges that may impact discharge** | |
| E.g., home environment, unstable medical status, etc. | |

# Section 6: Patient’s Rehabilitation Needs (AT TIME OF DISCHARGE)

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| **Patient’s Rehabilitation Needs (On Discharge)** |
| **Discharge RCS-E**  **/ 22** |
| Does the patient have COMPLEX ongoing clinical needs for rehabilitation Yes  No  If the patient has complex ongoing rehabilitation needs, please identify these needs using the **Complex Needs Checklist (CNC) in Appendix 3** |
| **Rehabilitation Services Required (Categorisation of Rehabilitation Services)**  Tertiary Complex Specialist Rehabilitation (National Rehabilitation Hospital)  Specialist Inpatient Rehabilitation Services (Geriatric & Rehabilitation Medicine led)  Community Rehabilitation Services  No Rehabilitation |
| **Ongoing Rehabilitation Needs** E.g. Mobility, ADL’s, Nutrition, Cognitive Rehabilitation, Orthotics etc.  Use List available for use in appendix 2 |

# Section 7: Details of Planning for Patient Transfer of Care

Please identify support services / agencies / applications that patient will requireto support their transfer of care from acute hospital, and the status of referrals. E.g. PHN, Disability Manager, IWA, NHSS, Home support services etc. A table listing support services and referrals is available for use in appendix 4.

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Services Required for Planning for Transfer of Care** | | | |
| **Onward Referrals** | **Recommended** | **In Progress** | **Completed** |
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| **Applications** | | | |
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| **Additional Information / Patient Comments *5 Things That Matter Most To You*** (Please list additional documents attached with the RP) | | | |

# Section 8: Contact Details

**Include contact person in referring hospital & services who received Rehabilitation Prescription**

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| --- |
| **Contact Details of Key Worker / Lead Professional and other Healthcare Professionals**    Name: Initials: Profession: Contact:  Name: Initials: Profession: Contact:  Name: Initials: Profession: Contact:  Name: Initials: Profession: Contact:  Name: Initials: Profession: Contact:  Name: Initials: Profession: Contact:  Name: Initials: Profession: Contact: |
| **Confirmation of RP sent:**  Y  N  **Date RP Sent:**  Agencies RP sent to (must be sent to GP):    GP Name/Contact: Date sent:    Service: Date sent:  Service: Date sent:  Service: Date sent:  Service: Date sent:  Service: Date sent:  Service: Date sent: |

Where additional space is required to record information, select and identify the appropriate section(s) and document all information relevant to the patient using the below free text headings:

**Section (number & title):**  (provide details below)

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|  |

Where additional space is required to record information, select and identify the appropriate section(s) and document all information relevant to the patient using the below free text headings:

**Section (number & title):**  (provide details below)

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**Category (number & title)/Section:**  (provide details below)

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**Category (number & title)/Section:**  (provide details below)

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| Signature**\***: | Date: |

**\*Medical Consultant/GP signature required for all referrals to the National Rehabilitation University Hospital (NRH)**

# Appendix 1

**RCS Version 13. Prof Lynne Turner-Stokes 05.04.2012**

**The Rehabilitation Complexity Scale – Extended (RCS-E)**

|  |  |
| --- | --- |
| For each subscale, circle highest level applicable | |
| CARE or RISK  Describes the level of support the patient needs for either basic self care or to maintain their safety  NB: If not sure which to record, rate both CARE and RISK and use highest score | |
| BASIC CARE AND SUPPORT NEEDS  Includes assistance for basic care activities (either physical help or standby supervision)  Includes washing, dressing, hygiene, toileting, feeding and nutrition, maintaining safety, etc. | |
| C 0 | Largely independent. Manages basic self-care tasks largely by themselves.  May have incidental help just to set up or to complete – e.g. application of orthoses, tying laces, etc |
| C 1 | Requires help from 1 person for most basic care needs i.e. for washing, dressing, toileting, etc.  May have incidental help from a 2nd person – e.g. just for one task such as bathing |
| C 2 | Requires help from 2 people for the majority of their basic care needs |
| C 3 | Requires help from ≥3 people for basic care needs |
| C 4 | Requires constant 1:1 supervision e.g. to manage confusion and maintain their safety |
| RISK- COGNITIVE / BEHAVIOURAL NEEDS  (An alternative care primarily for ‘walking wounded’ patients who may be able to manage all/most of their own basic care, but there is some risk for safety e.g. due to confusion, impulsive behaviour or neuropsychiatric disturbance)  Includes supervision to maintaining safety or managing confusion e.g. in patients to have a tendency to wander, or managing psychiatric / mental health needs. | |
| R 0 | No risk – Able to maintain their own safety and to go out unescorted  Able to maintain their own safety at all times |
| R 1 | Low risk – Standard precautions only for safety monitoring within a structured environment but requires escorting outside the unit  Maintains own safety within a structured environment, requiring only routine checks, but requires accompanying when outside the unit |
| R 2 | Medium risk – Additional safety measures OR managed under MHA section  Additional safety measures even within a structured environment, e.g. alarms, tagging, or above standard monitoring (e.g. 1-2 hourly checks)  OR managed under section of the Mental Health Act (time for additional paperwork, etc) |
| R 3 | High risk –Frequent observations (may also be managed under MHA section)  Needs frequent observations even within a structured environment, e.g. ½ -1 hourly checks, or 1:1 supervision for part(s) of the day/night |
| R 4 | Very high risk - Requires constant 1:1 supervision  Needs 1:1 supervision all of the time |

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| SKILLED NURSING NEEDS  Describes the level of skilled nursing intervention from a qualified or specialist trained nurse | | | | |
| N 0 | No needs for skilled nursing – needs can be met by care assistants only | | | Tick nursing disciplines required: |
| N 1 | Requires intervention from a qualified nurse (with general nursing skills and experience)  e.g. medication, wound/stoma care, nursing obs, enteral feeding, setting up IV infusion, etc | | | Registered General Nurse  Rehab-trained Nurse  Mental Health Nurse  Palliative Care Nurse    Specialist Nurse (CNS,  ANP)  (e.g. MS, PD, MND)    Other |
| N 2 | Requires intervention from nursing staff who are trained and experienced in rehabilitation  e.g. for maintaining positioning programme, walking / standing practice, splint application, psychological support | | |
| N 3 | Requires highly specialist nursing care e.g. for very complex needs such as   * Management of tracheostomy / Management of challenging behaviour / psychosis / complex psychological needs * Highly complex postural, cognitive or communication needs * Vegetative or minimally responsive states, locked-in syndromes | | |
| N 4 | Requires high dependency specialist nursing (high level nursing skills and intensive input)  e.g. medically unstable, requiring very frequent monitoring/ intervention by a qualified nurse - hourly or more often, (usually also specialist training e.g. IV drug administration or ventilation etc). | | |
|  | | | | |
| MEDICAL NEEDS  Describes the approximate level of medical care environment for medical/surgical management | | | | |
| M 0 | | No active medical intervention - Could be managed by GP on basis of occasional visits | Tick medical interventions required: | |
| M 1 | | Basic investigation / monitoring / treatment  (Requiring non-acute hospital care, could be delivered in a community hospital with day time medical cover)  i.e. requires only routine blood tests / imaging. Medical monitoring can be managed through review by a junior medic x 2-3 per week, with routine consultant ward-round + telephone advice( if needed) | Blood tests    Imaging (CT / MRI) Other Investigation  State type………………………  Medication adjustment / monitoring  Surgical procedure (e.g. tenotomy)  State type………………………  Medical procedure (e.g. Botulinum toxin)  State type………………………..    Specialist opinion  State discipline…………………  Medico-legal or capacity issues    Other…………………………… | |
| M 2 | | Specialist medical / psychiatric intervention - for diagnosis or management/procedures  (Requiring in-patient hospital care in DGH or specialist hospital setting)  i.e. requires more complex investigations, or specialist medical facilities  e.g. dialysis, ventilatory support. Frequent or unpredictable needs for consultant input or specialist medical advice, surgical intervention, psychiatric evaluation/treatment |
| M 3 | | Potentially unstable medical /psychiatric condition - Requiring 24 hour on-site acute medical / psychiatric cover (depending on type of need)  Potentially unstable: May require out-of-hours intervention – e.g. for uncontrolled seizures, immuno-compromised condition, or for psychiatric medical adjustment / emergency risk assessment, etc)  Needs to be managed in a setting where there is on-site 24 emergency medical /psychiatric cover |
| M 4 | | Acute medical / surgical problem (or psychiatric crisis) - Requiring emergency out-of-hours intervention  Requires acute medical/surgical care e.g. infection, acute complication, post surgical care i.e. involvement of the 24 hour medical (or  surgical or psychiatric) services, whether on a planned or unplanned basis |

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| THERAPY NEEDS  Describes the:   1. number of different therapy disciplines required and 2. intensity of treatment   Includes individual or group-based session run by therapists, but NOT rehabilitation input from nursing staff which is counted in N2.  (**N.B.** The Northwick Park Therapy Dependency Assessment (NPTDA) can be used to calculate total therapy hours in more complex cases and provide more detailed information regarding time for each discipline, etc. It also includes quantitative information on the rehabilitation time provided by nursing staff) | | | | |
| Therapy Disciplines: State number of different therapy disciplines required to be actively involved in treatment | | | | |
| TD 0 | 0 – no therapist involvement | Tick therapy disciplines required: | | |
| TD 1 | 1 discipline only | Physio  O/T  SLT  Dietetics  Social Work  Other | Psychology Counselling  Music/art therapy  Play therapy/school  Vocational Assessment  Recreational therapy  Other | Orthotics  Prosthetics  Rehab  Engineer  Other |
| TD 2 | 2-3 disciplines |
| TD 3 | 4-5 disciplines |
| TD 4 | ≥6 disciplines |
| Therapy Intensity: State overall intensity of trained therapy intervention required from team as a whole | | | | |
| TI 0 | No therapy intervention  (Or a total of <1 hour therapy input per week - Rehab needs are met by nursing/care staff or self-exercise programme) | | | |
| TI 1 | Low level – less than daily (e.g. assessment / review / maintenance / supervision)  OR Group therapy sessions only  (i.e. Patient does not receive therapy sessions every day (or has <1 hour therapy per day)  This usually means that a) they currently have mainly needs for care, nursing or medical treatment, or b) they are on a low intensity review only or group-based programme, or c) they are on a winding-down programme in preparation for discharge) | | | |
| TI 2 | Moderate – daily intervention - individual sessions with one therapist to treat for most sessions  OR very intensive Group programme of ≥6 hours/day  (i.e. Patient may have treatment from a number of different therapists (see TD), but is treated by one therapist at a time They will normally have therapy sessions every day 5 days a week, for a total of 2-3 hours per day (some of which may be periods of self-exercise under distant supervision if they are able)  Or they have therapy in group based sessions on a very intensive basis (> 6 hours per day spent in group sessions) | | | |
| TI 3 | High level – daily intervention with therapist PLUS assistant and/or additional group sessions Patient requires a second pair of hands for some treatment sessions, treatments ( e.g .physical handling) and so is treated by a therapist with an assistant (who may be unqualified)  OR they require an intensive programme ≥25 hours of total therapy time per week, (e.g. 4-5 hours per day 5 days per week) some of which may be sessions with a therapy assistant, or group-based sessions in addition to their individual daily therapy programme | | | |
| TI 4 | Very High level – very intensive (e.g. 2 trained therapists to treat, or total 1:1 therapy >30 hrs/week)  Patient has very complex therapy needs requiring two trained therapists at a time (with or without a  3rd assistant) e.g. for complex physical handling needs, management of unwanted behaviours, etc  OR they require a very intensive programme involving > 30 hours of total therapy time per week | | | |
| Total Total T score (TD + TI) :…………. | | | | |

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| --- | --- | --- | --- |
| EQUIPMENT NEEDS  Describes the requirements for personal equipment | |  |  |
| E 0 | No needs for special equipment | Basic Special Equipment | Highly Specialist Equipment |
| E 1 | Requires basic special equipment (off the shelf) | Wheelchair/seating  Pressure cushion  Special mattress  Standing frame  Off-shelf orthotic  Other…………………… | Environmental control  Communication aid  Customised seating  Customised standing aid  Customised orthotic  Assisted Ventilation  Other…………………… |
| E 2 | Requires highly specialist equipment  (e.g. Electronic assistive technology orhighly customized equipment that is made or adapted  specifically for that individual) |

**RCS v 13 – extended: Service Summary Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CENTRE DETAILS | | | | | | | | | | | |
| Name of centre | | | |  | | | | | | | |
| No of neuro-rehab beds | | | |  | | | | | | | |
| Type of service | | | | Complex specialised rehabilitation service | | | | | | | |
|  | | | | Specialist rehabilitation service | | | | | | | |
|  | | | | General rehabilitation service | | | | | | | |
| Sample of patients | | | | All current in-patients  Selected sample from a total of | | | | | | | |
| REHABILITATION COMPLEXITY SCORES for current in-patients: Date: | | | | | | | | | | | |
| **No.** | **Patient** | **Care** | **Risk** | | **Nursing** | **Medical** | **Therapy** | | **Equip** |  | **Comment** |
|  |  | **C**  **0-4** | **R**  **0-4** | | **N**  **0-4** | **M**  **0-4** | **TD**  **0-4** | **TI 0-4** | **E 0-2** | **Total**  **0-22** |  |
| 1 |  |  |  | |  |  |  |  |  |  |  |
| 2 |  |  |  | |  |  |  |  |  |  |  |
| 3 |  |  |  | |  |  |  |  |  |  |  |
| 4 |  |  |  | |  |  |  |  |  |  |  |
| 5 |  |  |  | |  |  |  |  |  |  |  |
| 6 |  |  |  | |  |  |  |  |  |  |  |
| 7 |  |  |  | |  |  |  |  |  |  |  |
| 8 |  |  |  | |  |  |  |  |  |  |  |
| 9 |  |  |  | |  |  |  |  |  |  |  |
| 10 |  |  |  | |  |  |  |  |  |  |  |
| 11 |  |  |  | |  |  |  |  |  |  |  |
| 12 |  |  |  | |  |  |  |  |  |  |  |
| 13 |  |  |  | |  |  |  |  |  |  |  |
| 14 |  |  |  | |  |  |  |  |  |  |  |
| 15 |  |  |  | |  |  |  |  |  |  |  |
| 16 |  |  |  | |  |  |  |  |  |  |  |
| 17 |  |  |  | |  |  |  |  |  |  |  |
| 18 |  |  |  | |  |  |  |  |  |  |  |
| 19 |  |  |  | |  |  |  |  |  |  |  |
| 20 |  |  |  | |  |  |  |  |  |  |  |
| 21 |  |  |  | |  |  |  |  |  |  |  |
| 22 |  |  |  | |  |  |  |  |  |  |  |
| 23 |  |  |  | |  |  |  |  |  |  |  |
| 24 |  |  |  | |  |  |  |  |  |  |  |

***Photocopy if necessary to include further patients. NB. Total RCS score = sum of C or R (use highest score) + N, M, TD, TI & E***

# Appendix 2

**List of suggested ongoing interventions or services that patient may require**

|  |  |
| --- | --- |
| **Ongoing Rehabilitation Needs Comments** | |
| Medical assessment/Management |  |
| Mobility |  |
| ADL’s |  |
| Pain Management |  |
| Neurorehabilitation |  |
| Spasticity Management |  |
| Postural Management/Contractures |  |
| Specialist Seating |  |
| Orthotics |  |
| Splinting |  |
| Wound Management |  |
| Respiratory Management |  |
| Swallow |  |
| Nutrition |  |
| Continence |  |
| Disability Management |  |
| Palliative Medicine |  |
| Cognitive Rehabilitation |  |
| Communication |  |
| Behavioural Support |  |
| Psychological Support |  |
| Psychiatric |  |
| Environmental Assessment |  |
| Equipment |  |
| Pharmacy |  |
| Prosthetics |  |
| Amputee Rehabilitation |  |
| Social Care |  |
| Vocational |  |
| Carer training/education |  |
| Education |  |
| Safeguarding |  |
| Other |  |

# Appendix 3

## Complex Needs Checklist (CNC)

**If the patient has complex ongoing rehabilitation needs, please identify these needs using the below CNC**

|  |  |  |  |
| --- | --- | --- | --- |
| **Complex Needs Checklist** | | |  |
| **Discharge RCS-E** | **/ 22** | |  |
| Does the patient have COMPLEX ongoing clinical needs for rehabilitation Yes  No  If yes please click all that apply - **Complex Needs Checklist (CNC)** | | |  |
| **Complex Physical** e.g. | | **Complex Cognitive / Mood** e.g. | **Complex psychosocial** e.g. |
| Complex neuro-rehabilitation  Prolonged Disorder of Consciousness  Tracheostomy weaning  Ventilatory support  Complex nutrition/swallow issues  Profound disability/neuro-palliative rehabilitation  Intrathecal baclofen pump  Neuro-psychiatric rehabilitation  Post ICU syndrome  Complex MSK management  Complex amputee rehabilitation needs  Complex pain management  Specialist bespoke equipment needs  Other | | Complex communication support  Cognitive assessment/management  Challenging Behaviour management  Risk Management  Mental Health difficulties  Pre-injury  Post-injury  Mood evaluation/ psychological support  Major family distress/support  Emotional load on staff  Other | Complex discharge planning e.g.  Housing/placement issues  Major financial issues  Uncertain immigration status  Drugs/alcohol misuse  Complex medico-legal issues  (Best interest issues, safeguarding)  Vocational/job role requiring  specialist vocational rehab  Other |

# Appendix 4

## Support Services Required (list to support discharge planning / referrals)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Planning for Transfer of Care** | | | | | |
| **Onward Referrals** | | **Recommended** | **In Progress** | **Completed** | |
| Public Health Nurse | |  |  |  | |
| Complex Discharge Planner (Neuro-rehabilitation) | |  |  |  | |
| Disability Manager | |  |  |  | |
| Primary Care Team | |  |  |  | |
| Community Occupational Therapist – Home Environmental Visit | |  |  |  | |
| Advocacy Body | |  |  |  | |
| Irish Wheelchair Association | |  |  |  | |
| Spinal Injuries Ireland | |  |  |  | |
| Acquired Brain Injury Ireland | |  |  |  | |
| Headway Ireland | |  |  |  | |
| Maternity Services | |  |  |  | |
| TUSLA | |  |  |  | |
| Other Voluntary Organisations | |  |  |  | |
| **Applications** | | | | | |
| Medical Card | |  |  |  | |
| Benefits (Income) | |  |  |  | |
| Rental Allowance | |  |  |  | |
| Home Support Services | |  |  |  | |
| Home Adaptation Grant | |  |  |  | |
| Nursing Home Support Scheme | |  |  |  | |
| Long Term Care Facility | |  |  |  | |
| Residency Status | |  | | | |  |  |
| Other | |  | | | |  |  |
| **Additional Information / Patient Comments i.e. What is important to you?** (Please list additional documents attached with the RP) | | | | | |
| **Category (number & title)/Section:**  (provide details below) | | | |