## ICU Step down full dataset – PICUPS and Rehabilitation Prescription

|  |  |  |  |
| --- | --- | --- | --- |
| **NHS No** |  | **Ward** |  |
| **Pt Name** |  | **CCG** |  |
| **DoB** | …../…../……….. ( or Age) | **Date Admitted to ICU** | …../…../…… |
| **Gender** |  | **Date Stepped down from ICU** | …../…../…… |
| **Ethnicity** |  | **Date discharged from acute care** | …../…../…… |

## Essential information from ICU - Condition(s) that required ITU treatment

|  |  |  |
| --- | --- | --- |
| **Primary Diagnosis**  |  | **Summary of organ Impairment** |
| **Secondary diagnoses** |  | * Respiratory
* Cardiac
* Vascular
* Renal
 | * Liver
* Brain
* Neuro/muscular
* Other
 |
| **Covid-related illness**  | ❒ Yes ❒ No ❒ Don’t know |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organ support requirements** | **Required on ITU** | **Duration** | **Still required at stepdown**  |
| ECMO | ❒ Yes ❒ No  |  |  |
| Invasive ventilation  | ❒ Yes ❒ No  |  | ❒ Yes ❒ No  |
| Non-invasive ventilation  | ❒ Yes ❒ No  |  | ❒ Yes ❒ No  |
| Tracheostomy | ❒ Yes ❒ No  |  | ❒ Yes ❒ No  |
| Renal replacement | ❒ Yes ❒ No  |  | ❒ Yes ❒ No  |
| Liver replacement | ❒ Yes ❒ No  |  | ❒ Yes ❒ No  |
| Inotropic support | ❒ Yes ❒ No  |  | ❒ Yes ❒ No  |
| Pain management | ❒ Yes ❒ No  |  | ❒ Yes ❒ No  |
| BMI | …../kg/m2 |  | …../kg/m2 |

*\*NB This information should ultimately be available through linkage with ICNARC but will need to be collected directly during the Pilot period*

## At Step down from ICU - Post ICU Presentation Screen (PICUPS tool)

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Item** | **Score** |  **Score Triggers assessment by:** |
| **Medical / Care** | Medical stability  | (0-5) ……. | 2, 3 | Consultant in RM |
|  | Basic care and safety | 0-5) ……. | ≤ 4 | O/T |
| **Breathing / Nutrition** | Ventilatory assistance  | 0-5) ……. | ≤ 4 | P/T |
|  | Tracheostomy care | 0-5) ……. | ≤ 4 | P/T, SLT, ENT |
|  | Trache weaning | 0-5) ……. |  |
|  | Cough / Secretions | 0-5) ……. | ≤ 4 | P/T |
|  | Nutrition / feeding | 0-5) ……. | ≤ 4 | Dietician, SLT, O/T |
| **Physical Movement** | Repositioning in bed | 0-5) ……. | ≤ 4 | P/T O/T |
|  | Transfers (bed / chair) | 0-5) ……. | ≤ 4 | P/T O/T |
| **Communication/ Cognition** | Communication | 0-5) ……. | ≤ 4 | SLT, O/T |
|  | Cognition & delerium | 0-5) ……. | ≤ 4 | Psychologist, O/T  |
|  | Behaviour | 0-5) ……. | ≤ 4≤ 20 | Psychologist/ O/TPsychiatrist/ neuropsychiatrist Liaise with existing MH team |
| **Psychosocial** | Mental Health | 0-5) ……. | ≤ 4≤ 2 | Psychologist, O/T Psychiatrist |
|  | Family distress | 0-5) ……. | ≤2 | Consultant in RM /Psychologist |

## In acute care phase - Additional information that may help team to formulate RP

### PICUPS plus items

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Item** | **Score** |  **Score Triggers assessment by:** |
| **Upper Airway** | Dyspnoea  | (0-5) ……. | ≤3 | P/T, SLT |
| Voice | 0-5) ……. | ≤ 4 | SLT, ENT |
| Swallowing  | 0-5) ……. | ≤ 4 | SLT, Dietitian |
| **Physical and Activities of daily living** | Postural management / seating | 0-5) ……. | ≤ 4 | P/T, O/T |
| Maintaining hygiene | 0-5) ……. | ≤ 4 | O/T |
| Care needs  | 0-5) ……. | ≤ 4 | O/T |
| Moving around (indoors) | 0-5) ……. | ≤ 4 | P/T, O/T |
| Arm and hand function | 0-5) ……. | ≤ 4 | O/T |
| **Symptoms that interfere with daily activities** | Fatigue | 0-5) ……. | ≤ 4≤ 2 | P/T, O/T, Psychologist |
| Pain | 0-5) ……. | ≤ 4≤ 2 | P/T, O/T, Psychologist |

**If the patient is thought to have category A or B needs** **requiring further** **specialist** **in-patient** rehabilitation

### **Rehabilitation Complexity Scale – RCS-E v13 - acute**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **On step down** | **On discharge** | **Disciplines required in acute care** | **Disciplines involved in acute care** |
| **Date:** |  |  | * Physio
* O/T
* SLT
* Dietitian
* Psychology
* Social work
* Consultant in RM
* Other
 | * Physio
* O/T
* SLT
* Dietitian
* Psychology
* Social work
* Consultant in RM
* Other
 |
| Care (0-4) |  |  |
| Risk (0-4) |  |  |
| Nursing (0-4) |  |  |
| Medical (0-6) |  |  |
| Therapy Disciplines (0-4) |  |  |
| Therapy Intensity (0-4) |  |  |
| Equipment (0-3) |  |  |

### **Complex Needs Checklist (CNC)**

|  |  |
| --- | --- |
| **Checklist of needs that are likely to require specialist rehabilitation (tick any that apply)** | **Specialist needs?** |
| **Specialist rehab medical (RM) or neuropsychiatric needs** | * On-going specialist investigation/ intervention
* Complex / unstable medical/surgical condition
* Complex psychiatric needs
* Risk management or Treatment under section of the MHA
 | * Yes
* No
 |
| **Specialist rehabilitation environment** | * Co-ordinated inter-disciplinary input
* Structured 24 hour rehabilitation environment
* Highly specialist therapy /rehab nursing skills
 | * Yes
* No
 |
| **High intensity** | * 1:1 supervision
* ≥4 therapy disciplines required
* Highly intensive programme (>20 hours per week)
* Length of in-patient rehabilitation ≥ 3 months
 | * Yes
* No
 |
| **Specialist Vocational Rehab**  | * Specialist vocational assessment
* Multi-agency vocational support (for return to work /re-training /work withdrawal)
* Complex support for other roles (eg single parenting)
 | * Yes
* No
 |
| **Medico-legal issues** | * Complex mental capacity / consent issues
* Complex Best interests decisions
* DoLs / PoVA applications
* Litigation issues
 | * Yes
* No
 |
| **Specialist facilities / equipment needs** | * Customized / bespoke personal equipment needs

(eg Electronic assistance technology, communication aid, customized seating, bespoke prosthetics/orthotics) | * Yes
* No
 |
| * Specialist rehabilitation facilities

(eg treadmill training, computers, FES, Hydrotherapy etc) |

## At discharge from acute care – the Rehabilitation Prescription

### Rehabilitation Prescription – Minimum dataset

|  |
| --- |
| **Does the patient have COMPLEX on-going clinical needs for rehabilitation?** ❒ Yes ❒ No(If yes please tick all that apply) |
| **Complex Physical** eg | **Complex Cognitive / Mood** eg | **Complex Psychosocial** eg |
| * Complex neuro-rehabilitation
* Prolonged Disorder of consciousness
* Tracheostomy weaning
* Ventilatory support
* Complex nutrition / swallowing issues
* Profound disability / neuro-palliative rehabilitation
* Neuro-psychiatric rehab
* Post ICU syndrome
* Complex MSK management
* Complex amputee rehabilitation needs
* Re-conditioning / cardiopulm’y rehab
* Complex pain rehabilitation
* Specialist bespoke equipment needs
* Other (please specify)
 | * Complex communication support
* Cognitive assessment/management
* Challenging Behaviour management
* Mental Health difficulties
	+ Pre-injury
	+ Post injury
* Mood evaluation / support
* Major family distress / support
* Emotional load on staff
* Other (please specify)
 | * Complex discharge planning eg
	+ Housing / placement issues
	+ Major financial issues
	+ Uncertain immigration status
* Drugs/alcohol misuse
* Complex medicolegal issues (Best interests decisions, safeguarding, DOLS, litigation)
* Educational
* Vocational /job role requiring specialist vocational rehab
* Other (please specify)
 |

|  |
| --- |
| **Are they being transferred to the appropriate facility?** ❒ Yes ❒ No(If yes please tick all that apply) |
| **What is the patients’ rehabilitation need** | **What is the patients’ destination** | **What is the reason for variance?** |
| * Specialist inpatient rehabilitation
	+ Category A needs (Level 1)\*
	+ Category B needs (Level 2)\*
* Specialist out-patient rehabilitation
	+ Multidisciplinary
	+ Single discipline
* Non-specialist inpatient
	+ Category C/D needs (Level 3)\*
* Community rehabilitation
	+ Specialist MDT
	+ Neuro Rehabilitation
	+ Cardiopulmonary rehab
	+ Vocational rehabilitation
	+ Generic MDT
* No rehabilitation needs
* Other (please specify)

**\*** *See Appendix 1 for definitions of the various categories of need* | * Transferred for ongoing acute medical/surgical needs
* Local hospital
	+ Without specialist rehab
	+ Awaiting specialist rehab
* Other in-patient rehabilitation than that recommended in the Rehab Prescription
* Own home
	+ Without rehabilitation
	+ With rehabilitation
* Nursing home
	+ Specialist NH / Slow-stream
	+ Other residential care
* Mental health unit without physical rehabilitation
* Other (please specify)
 | * Service exists but access is delayed
* Service does not exist
* Service exists but funding is refused
* Patient ‘ carer declined
* Ongoing medical / surgical needs requiring rehabilitation at a later date
* Other (please specify)
 |
| **Is the patient thought to have Category A/B needs for rehabilitation of the patient?** ❒ Yes ❒ No ❒ Don’t know**If yes: Complete Complex Needs checklist and RCS-E above****Is the patient likely to have capacity to consent to include these data in a central registry? ❒ Yes ❒ No****Have they been reviewed by a consultant in RM** (or their designated deputy from a Level 1 or 2 specialist rehabilitation service)❒ Yes ❒ No ❒ Don’t know |

Rehabilitation Prescription/Rehab Plan - summary of recommendations

A text ‘Passport to rehabilitation’ that travels with the patient

**Brief summary of further needs:**

 e.g.

**How will these me met?**

e.g.

**Referrals made (or to be made)**

e.g.

**Completed by: Date:…./…./….**

#### 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.