## ICU Step down data collection – PICUPS and Rehabilitation Prescription

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| --- | --- | --- | --- |
| **Pt Name** |  | **Date Admitted to ICU** | …../…../…… |
| **ID** |  | **Date Stepped down from ICU** | …../…../…… |
| **Date of birth** |  | **Date discharged from acute care** | …../…../…… |
| **Gender** |  |  |  |

## Essential clinical information at stepdown from ICU

|  |  |  |
| --- | --- | --- |
| **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 at stepdown** | * Invasive ventilation
* Non-invasive ventilation
* Tracheostomy
* Renal replacement
 | * Pain management
* Other
 |

|  |  |
| --- | --- |
| **Disciplines required in acute care stage** | **Disciplines involved in acute care stage** |
| * Physio
* O/T
* SLT
* Dietitian
 | * Psychology
* Social work
* Other
 | * Physio
* O/T
* SLT
* Dietitian
 | * Psychology
* Social work
* Other
 |
| **If thought to require ongoing specialist rehabilitation on discharge**Have they been reviewed by a Consultant in Rehabilitation Medicine? ❒ Yes ❒ No ❒ Don’t know ❒N/A |

## Post ICU Presentation Screen (PICUPS tool) (see PICUPS manual for scoring levels)

|  |  |  |  |
| --- | --- | --- | --- |
| ***Domain*** | ***Item*** | ***Score 1 Stepdown*** | ***Score 2******Discharge*** |
| **Assessment Date** |  | …../…../…… | …../…../…… |
| **Medical / Care** | Medical stability  | (0-5) ……. | (0-5) ……. |
| Basic care and safety | (0-5) ……. | (0-5) ……. |
| **Breathing / Nutrition** | Ventilatory assistance  | (0-5) ……. | (0-5) ……. |
| Tracheostomy care | (0-5) ……. | (0-5) ……. |
| Tracheostomy weaning | (0-5) ……. | (0-5) ……. |
| Cough / Secretions | (0-5) ……. | (0-5) ……. |
| Nutrition / feeding | (0-5) ……. | (0-5) ……. |
| **Physical Movement** | Repositioning in bed | (0-5) ……. | (0-5) ……. |
| Transfers (bed / chair) | (0-5) ……. | (0-5) ……. |
| **Communication/ Cognition** | Communication | (0-5) ……. | (0-5) ……. |
| Cognition & delirium | (0-5) ……. | (0-5) ……. |
| Behaviour | (0-5) ……. | (0-5) ……. |
| **Psychosocial** | Mental Health | (0-5) ……. | (0-5) ……. |
| Family distress | (0-5) ……. | (0-5) ……. |

### ***PICUPS plus items***

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Item** | **Score 1 Stepdown** | **Score 2****Discharge** |
| **Upper Airway** | Dyspnoea  | (0-5) ……. | (0-5) ……. |
| Voice | (0-5) ……. | (0-5) ……. |
| Swallowing  | (0-5) ……. | (0-5) ……. |
| **Physical and** **Activities of daily living** | Postural management / seating | (0-5) ……. | (0-5) ……. |
| Maintaining hygiene | (0-5) ……. | (0-5) ……. |
| Care needs  | (0-5) ……. | (0-5) ……. |
| Moving around (indoors) | (0-5) ……. | (0-5) ……. |
| Arm and hand function | (0-5) ……. | (0-5) ……. |
| **Symptoms that interfere with daily activities** | Fatigue | (0-5) ……. | (0-5) ……. |
| Pain | (0-5) ……. | (0-5) ……. |

## The Rehabilitation Prescription (at discharge from acute care)

|  |
| --- |
| **Does the patient have any on-going clinical needs for rehabilitation after discharge?** ❒ Yes ❒ No**(If yes** please tick all that apply) |
| **Complex Physical** eg | **Complex Cognitive / Mood** eg | **Complex Psychosocial** eg |
| * Tracheostomy weaning
* Ventilatory support
* Nutrition / swallowing issues
* Post ICU syndrome
* MSK management
* Re-conditioning / cardiopulm’y rehab
* Pain rehabilitation
* Neuro-rehabilitation
* Prolonged Disorder of consciousness
* Complex disability management
* Neuro-palliative / End of life support
* Amputee rehabilitation
* Specialist equipment needs
* Other (please specify)
 | * Communication support
* Cognitive assessment/management
* Challenging Behaviour managmt
* Mental Health difficulties
	+ Pre-injury
	+ Post injury
* Neuro-psychiatric rehab
* Mood evaluation / support
	+ Anxiety depression
	+ Stress disorder
* 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)
 |

|  |  |
| --- | --- |
| **What is their rehabilitation need** | **What is their destination on discharge?** |
| **In-patient rehabilitation*** Specialist inpatient rehabilitation
	+ Category A needs (Level 1)\*
	+ Category B needs (Level 2)\*
* Non-specialist inpatient
	+ Category C/D needs (Level 3)\*

**Community-based rehabilitation*** Specialist out-patient rehab
	+ Multidisciplinary
	+ Single discipline
* Community-based rehab
	+ Specialist MDT
	+ Neuro Rehab
	+ Cardiopulmonary Rehab
	+ Vocational rehab
	+ 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
* In-patient Specialist rehabilitation
	+ Level 1
	+ Level 2
	+ Level 3
	+ Other specialist rehab
* Own home
	+ Without rehabilitation
	+ With rehabilitation
	+ Neuro Rehab
	+ Cardiopulmonary Rehab
	+ Vocational Rehab
* Nursing home
	+ Specialist NH / Slow-stream
	+ Other residential
* Mental health unit without physical rehab
* Other (please specify)
 | **Are they being transferred to the appropriate facility?** ❒ Yes ❒ No**If NO – what would be the appropriate facility?** (Indicate from discharge destination list):**Reasons for variance:*** 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 likely to have capacity to consent to include these data in a central registry?** ❒ Yes ❒ No ❒ Unknown  |

## **Rehabilitation Prescription - Summary of recommendations**

**Brief summary of further needs:**

**How will these be met?**

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

**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.