

Appendix 3: Specialist Rehabilitation Prescription Proforma (example).

For patients with complex rehabilitation needs requiring Specialist (Level 1 or 2) Rehab services.

The specialist rehabilitation Prescription should be complete/ signed off by a Consultant in Rehabilitation Medicine or their deputy at discharge from the acute care setting.

This proforma is provided as an exemplar for local adaptation. (Required elements are in red)

NHS no:		Date of Injury:	
Insert label or:		Type(s) of illness/ injury:	
Surname:	First name	Neurological:	Other:
Date of birth:	Address:	<input type="checkbox"/> Brain injury	<input type="checkbox"/> Vascular
GP:		<input type="checkbox"/> SCI	<input type="checkbox"/> Burns
		<input type="checkbox"/> Peripheral nerve	<input type="checkbox"/> Thoracic
		<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Abdominal
			<input type="checkbox"/> Amputation
Family contact/ Next of kin		Contact phone number for family member	
Current location:		Consultant:	
MTC:		Keyworker:	
Pre-injury / illness information			
Significant Past History			
Family support			
Housing			
Work			
Leisure			
Description of injuries: (and other details such as initial GCS, PTA etc)			
Progress/ complications			

Current functional status:	
Injuries still requiring active management	GCS: E...../V...../M.... Total...../15 Motor loss: Yes / No Sensory loss: Yes / No

Summary of Impairments / function at a glance (This section is optional as the information is included NPDS and Impairment set)				
Sensory and upper limb	Vision <input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Unassessable	Hearing <input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Unassessable	Perception <input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Unassessable	Upper limb function <input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Non functional
Posture and pressure management	Sitting out <input type="checkbox"/> Standard chair <input type="checkbox"/> Special seating <input type="checkbox"/> Unable	Pressure relief <input type="checkbox"/> Independent <input type="checkbox"/> Assisted + 1 <input type="checkbox"/> Assisted + 2	Pressure sores <input type="checkbox"/> Yes <input type="checkbox"/> No Location and grade:	Risk <input type="checkbox"/> Waterlow <input type="checkbox"/> Braden Score.....
Mobility	Transfers <input type="checkbox"/> Independent <input type="checkbox"/> Assisted + 1 <input type="checkbox"/> Assisted + 2 <input type="checkbox"/> Hoisted	Walking <input type="checkbox"/> Independent <input type="checkbox"/> Assisted + 1 <input type="checkbox"/> Assisted + 2 <input type="checkbox"/> Unable	Wheelchair <input type="checkbox"/> None required <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> No chair	Wandering <input type="checkbox"/> No <input type="checkbox"/> Low risk <input type="checkbox"/> High risk
Sphincters and Continence	Bladder control <input type="checkbox"/> Toilet <input type="checkbox"/> Commode/urinal <input type="checkbox"/> Catheter/convene <input type="checkbox"/> Pads	Bladder Assistance <input type="checkbox"/> Independent <input type="checkbox"/> Assisted + 1 <input type="checkbox"/> Assisted + 2	Bowel control <input type="checkbox"/> Toilet <input type="checkbox"/> Commode <input type="checkbox"/> Pads	Bowel Assistance <input type="checkbox"/> Independent <input type="checkbox"/> Assisted + 1 <input type="checkbox"/> Assisted + 2
Nutrition	Consistency of diet <input type="checkbox"/> Normal diet/fluids <input type="checkbox"/> Soft/pureed <input type="checkbox"/> NG/PEG feed	Swallowing <input type="checkbox"/> Normal <input type="checkbox"/> Impaired	Feeding <input type="checkbox"/> Independent <input type="checkbox"/> Assisted + 1	Nutrition MUST score:
Ventilatory	Oxygen support <input type="checkbox"/> Yes% <input type="checkbox"/> No	Tracheostomy <input type="checkbox"/> Yes <input type="checkbox"/> No	Ventilatory support <input type="checkbox"/> Full support <input type="checkbox"/> Assisted (CPAP) etc <input type="checkbox"/> None	Details:
Cognitive / communication	Communication <input type="checkbox"/> Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Unable	Cognitive <input type="checkbox"/> Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Unconscious	Behaviour <input type="checkbox"/> Normal <input type="checkbox"/> Impaired	Mood <input type="checkbox"/> Normal <input type="checkbox"/> Impaired

Rehabilitation Complexity Scale Extended (RCS-E) Trauma version (as confirmed by Rehab Physician)

	0	1	2	3	4	5	6
Medical	None active	Basic	Specialist	Potentially unstable	Acute needs can be met in hyper-acute rehab setting	Acute care	Critical care
Care	Independent	1 carer	2 carers	≥ 3 carers	1:1 supervision		
Risk	None	Low	Medium	High	Very high		
Nursing	None	Qualified	Rehab nurse	Specialist nursing	High dependency		
Therapy disciplines	None	1	2-3	4-5	≥ 6		
Therapy Intensity (Total therapist time)	None	low level (< daily) <15 hrs/week	Moderate (eg daily) 15-24 hrs/week	High (+ assistant) 25-30 hrs/week	Very high >30 hours/week		
Equipment	None	Basic	Specialist	-	-		

RCSE: M..... C..... N..... Td..... Ti..... E..... Total/24

Detail of Rehabilitation needs

	Optional checklist	Details
Medical	<input type="checkbox"/> Medical management <input type="checkbox"/> Orthopaedic <input type="checkbox"/> Neurosurgical <input type="checkbox"/> Amputee <input type="checkbox"/> Other:	
Physical	<input type="checkbox"/> Mobility <input type="checkbox"/> Upper limb function <input type="checkbox"/> Postural support (seating/W/C) <input type="checkbox"/> Splinting / orthotics <input type="checkbox"/> Spasticity <input type="checkbox"/> Pain <input type="checkbox"/> Other:	
Basic functions	<input type="checkbox"/> Tracheostomy / ventilator <input type="checkbox"/> Respiratory / pulmonary rehab <input type="checkbox"/> Continence – urinary / faecal <input type="checkbox"/> Wound management <input type="checkbox"/> Swallowing /nutrition <input type="checkbox"/> Communication <input type="checkbox"/> Other:	
ADL	<input type="checkbox"/> Personal care / ADL <input type="checkbox"/> Continence <input type="checkbox"/> Extended ADL <input type="checkbox"/> Vocational <input type="checkbox"/> Educational <input type="checkbox"/> Other:	
Cognitive / psychosocial	<input type="checkbox"/> Sensory (Vision / hearing) <input type="checkbox"/> Cognitive / perceptual <input type="checkbox"/> Behavioural management <input type="checkbox"/> Mood / emotion <input type="checkbox"/> Formal family support <input type="checkbox"/> Other:	
Discharge planning	<input type="checkbox"/> Housing / placement <input type="checkbox"/> Benefits/finances <input type="checkbox"/> Equipment / home adaptations <input type="checkbox"/> Community visits <input type="checkbox"/> Emotional load on staff <input type="checkbox"/> Other:	
Equipment	<input type="checkbox"/> Orthotics/Prosthetics: <input type="checkbox"/> Mobility aids/transfer equipment <input type="checkbox"/> Specialist seating <input type="checkbox"/> Bed/posture Management <input type="checkbox"/> ADL equipment <input type="checkbox"/> Other (eg Environmental controls)	
Any on-going risks		

Summary

Expected duration of admission	Patient category confirmed	Service Level required	Please ensure the following are completed and entered in the UKROC dataset:
<input type="checkbox"/> Assessment /rapid intervention (2-4 wks) <input type="checkbox"/> Short stay (eg 6-8 wks) <input type="checkbox"/> Medium stay (eg 3-4 mths) <input type="checkbox"/> Long stay (eg 5-6 mths)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2a <input type="checkbox"/> Level 2b <input type="checkbox"/> Level 3 <input type="checkbox"/> Other	<input type="checkbox"/> RCS-ET (as above) <input type="checkbox"/> Full Patient Categorisation Tool <input type="checkbox"/> Itemised NPDS (for NPCNA) <input type="checkbox"/> Impairment set

If not for rehabilitation: Reason and alternative recommendations:

Name and contact details of your key worker:

YOUR REHABILITATION PRESCRIPTION:

Services referred to: (including contact details and anticipated waiting time)

Other key information (eg patient/family wishes. potential barriers to discharge)

INFORMATION GIVEN TO PATIENT / FAMILY

About their condition and treatment in the acute care setting

About their further treatment / follow-up

Other forms of support (eg Headway)

Anything else