## 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  ≤ 2  0 | Psychologist/ O/T  Psychiatrist/ 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.