Intensive Care Society

Guidance for:

The National Critical Care Occupational Therapy Clinical Knowledge and Skills Framework

A supplementary resource of the Allied Health Professionals (AHP) Critical Care Professional Development Framework (CCPDF) and the Occupational Therapy Pillar

Professional Endorsement

Contents

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Introduction

Background

The National Critical Care Occupational Therapy Clinical Knowledge and Skills Framework (CCOT-KSF) has been written to complement the existing Allied Health Professional Critical Care Professional Development Framework (CCPDF) and the Occupational Therapy Pillar. The CCOT-KSF provides the clinical component for the group of publications offering a comprehensive structure for clinical and professional development across all three resources. The CCOT-KSF can be used in isolation as a clinical induction tool, however as a development tool all three documents should be used during appraisal to identify clinical and professional development objectives.

Allied Health Professionals: Critical Care Professional Development Framework

AHP Specific Pillars: Occupational Therapy Pillar

The National Critical Care Occupational Therapy Clinical Knowledge and Skills Framework

Development Process

The CCOT-KSF was developed with the support of volunteers from the Royal College of Occupational Therapist's (RCOT) Trauma and Musculoskeletal Health Specialist Section Critical Care Forum and other critical care occupational therapists who volunteered to be part of the writing group and focus groups. The writing group and focus group were sourced by the authors of the Intensive Care Society (2022) The Occupational Therapy Pillar.

A series of writing group meetings took place to consider the literature review, current practice and agree the list of required topics. The team then began writing the capabilities in line with their areas of expertise and peer reviewed the draft knowledge and skills capability areas.

This was followed by 2 focus groups with occupational therapists from across the UK. Consideration was given to trying to make the membership representative by seeking occupational therapists who worked across the UK and with a range of expertise in critical care occupational therapy. Feedback was gathered and discussed by the writing group. Where there were differing opinions, these were discussed and agreed by the writing group. Changes were then made to the framework. The focus group occupational therapists piloted the framework for 3 months and provided further feedback. Changes were made to the framework based on this feedback.

Scope

This clinical component has been produced due to clinical need and requests by occupational therapists nationally for there to be a shared set of knowledge and skills (K&S) capabilities. Across the country there is variation in occupational therapists' range of experience in this area of practice. With many organisations starting to pilot or fund occupational therapy posts, and the number of posts continuing to grow, it is recognised that a more standardised approach to clinical capabilities is required to support occupational therapists new to the critical care environment to promote safety and confidence in their roles, In those organisations where occupational therapy is already well-established and a fundamental part of the critical care recovery multidisciplinary team, it has led to an increase in clinical lead and clinical specialist posts. This framework will also support those occupational therapists in their continued development within the critical care field.

Occupational therapists can carry out a broad range of tasks in order to support patients' engagement in occupations. This includes specialist critical care skills in respiratory and airway management that improve both the safety and autonomy of occupational therapists during occupational therapy sessions. These skills are listed in the advanced sections of this framework. As with all skills, occupational therapists need to be trained and have enough experience to carry out these autonomously adhering to the RCOT Professional Standards for occupational therapy practice, conduct and ethics (RCOT 2021a). It is up to each occupational therapy department to choose which advanced skills are appropriate for their critical care units and to seek the appropriate training and supervision for occupational therapists, including from other members of the multidisciplinary teams. This document is specific to occupational therapy capabilities, but joint working is encouraged with MDT colleagues throughout all occupational therapy practice. The need to escalate will be specific to individual occupational therapist's skills and this guideline has been written to complement and not replace already existing guidelines for specific areas of critical care practice, some of which are referenced in the document.

It is recommended that this framework is used alongside existing occupational therapy specific resources, such as RCOT Professional Standards for occupational therapy practice, conduct and ethics (RCOT 2021a) and the RCOT Career Development Framework (RCOT 2021b) to ensure all occupational therapists continue to meet their requirements and to develop within the field of occupational therapy. This document does not supersede mandatory and statutory training or local policies. This framework should be included as part of any induction process and regularly reviewed as per organisations' policies and procedures.

The CCOT-KSF is a comprehensive guide of Core Clinical Skills and Advanced Clinical Skills. It is not written to match agenda for change bandings and should be used based on individual clinical ability rather than a pay structure. All core skills for the K&S capability, that are appropriate to the individual unit, should be met before moving onto the advanced skills.

The descriptors are broad due to the variability of critical care units nationally and the descriptors can be interpreted within the relevant setting. Each setting can identify the capabilities that are required in their units. This allows for an element of flexibility in utilisation and can be used to meet the needs of different types of critical care services.

Framework Aim

This framework aims to:

- Facilitate the induction and structured clinical development of post registration occupational therapists working in a critical care environment
- Help occupational therapists in critical care to track their progress on core and advanced skills
- Highlight the areas for development to ensure core skills met and gain advanced skills, where appropriate, in critical care occupational therapy
- Provide support to access opportunities and resources for clinical development

Assessment process

It is recognised that many critical care occupational therapy services consist of a single occupational therapist who is often not ring-fenced to critical care. It is suggested that in order to have the K&S capabilities assessed, that the assessment process is collaborative with other occupational therapy teams (for example cardiac, respiratory or neurology), other disciplines within the critical care MDT and, where possible, with other organisations. It is expected that occupational therapists will work with others across boundaries in order to have the K&S capabilities signed. This will be the responsibility of the individual occupational therapist to organise, although settings may choose to set this up in a more structured way to assist with rotational posts.

The occupational therapist will need to provide evidence that they have met the K&S capability areas. This can be through discussion, documentation, demonstration or teaching others. There are no set criteria for each level as this will vary dependent on the level of knowledge required within each setting. Therefore, the person signing the K&S capability must feel the occupational therapist is at the required level to be competent within that particular critical care unit. This will require liaison with services where sign off is occurring across organisational boundaries.

The descriptors provide examples of achievement at a certain development level but are not exhaustive. Each setting can decide which of the advanced components they require their occupational therapists to work towards. There may be some areas that are not relevant to the particular setting and these can be removed if agreed with the supervisor or the professional signing the K&S capabilities.

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Index of Knowledge and Skills Capability Areas

1.0 The Physiological Systems

1.1	The Respiratory System
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • To increase confidence when working in critical care • To increase understanding of safety and risk when working in critical care This K&S capability is not a replacement for local risk assessment, emergency protocols, policies and procedures. To be used alongside K&S capability 2.1 Risk assessment

Knowledge and Skills	Evidence *Observed / demonstrated / shown own reading / attended presentations*	K&S Capability Achieved *Name / Signature / date / comments*
Core:		
Read and apply national tracheostomy guidance: • FICM (2020) Guidance for: Tracheostomy Care		
Demonstrate applied knowledge of the respiratory system including: • Anatomy and physiology • Gas exchange • Lung compliance • Lung ventilation & perfusion • Coughing		
Describe normal saturations & highlight variance		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate applied knowledge of common respiratory conditions: • Type 1 / Type 2 respiratory failure • Pneumothorax – collapsed lung • Hemopneumothorax • Emphysema – Bulla • Acute respiratory distress syndrome (ARDS) • Pneumonia • Pleural effusion • Pulmonary oedema • Pulmonary embolus • Sarcoidosis • Chronic obstructive pulmonary disease • Asthma • Tuberculosis • Head and neck cancer		
Demonstrate basic knowledge of airway grading and implication on therapy sessions		
Describe how to recognise a deteriorating patient		
Explain how to escalate early if a patient has increased oxygen requirement and increased respiratory effort.		
Describe how to escalate oxygen in an emergency / during a session as required (as per local protocols) in a stepwise manner and can explain the escalation process		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate background knowledge of non-invasive ventilation and impacts on occupational therapy sessions • Demonstrate how to apply and remove an NIV mask		
Demonstrate background knowledge of invasive ventilation types: • ETT • Tracheostomy (& types) • Observation of intubation • Open and closed suction • Intubation, Extubation and Decannulation		
Demonstrate understanding of different ventilator settings and the basic respiratory principles behind them • Tidal Volume • Flow • FiO2 • PEEP • Pressure support • Pressure control • APRV • CPAP • BIPAP		
Demonstrate good background knowledge of tracheostomies • Explain the purpose of tracheostomies • Describe the related anatomy and physiology of tracheostomies • Understand common tracheostomy terminology including – cuff up/down and the implications of this • Identify any adverse signs when dealing with a patient with a tracheostomy		

Knowledge and Skills	Evidence	K&S Capability Achieved
• Identify any adverse signs when dealing with a patient with a tracheostomy • Discuss the implications a tracheostomy will have on swallowing and communication • Demonstrate recognition of the importance of ties being the correct tightness and demonstrate appropriate time to ask for support from MDT • Understanding and application as appropriate of emergency escalation for example, when inner tube should be removed and who / when to call for assistance		
Explain why arterial blood gases are taken		
Describe normal blood gas values and implications to therapy of abnormal ranges		
Discuss background knowledge of respiratory acidosis / alkalosis & metabolic acidosis / alkalosis		
Discuss knowledge of chest drains and demonstrate when to speak to nurse regarding management prior to therapy sessions		
Discuss knowledge of the impact of ventilator weaning on fatigue and therapy sessions		

Knowledge and Skills	Evidence	K&S Capability Achieved
Discuss knowledge of the respiratory weaning process and the impacts of this on assessment and intervention		
Advanced:		
AIRWAY: • Aware of the correct numbers of staff for each intervention and ensuring always to have the correct number of staff present • Demonstrate use the Yankauer (yankeur) suction technique when treating patients for example in brushing teeth session • Demonstrate how to check cuff pressures • Demonstrate how to adjust the tube ties • Demonstrate ability to correctly measure and document the ETT position before and after all therapy sessions • Knows and can demonstrate how to perform an in-line suction safely • Demonstrates how to secure a tracheostomy and manage the tracheostomy ties • Demonstrates how to check the tracheostomy dressing • Demonstrates how to clean and change the inner tube • Able to recognise acute complications of tracheostomies • Demonstrates the emergency management of a blocked tracheostomy		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate knowledge of the key principles of providing the following different modes of mechanical and assisted ventilation and their impact on rehabilitation: • PEEP • Pressure support • Pressure control • Inspiratory positive airways pressure • SIMV • APRV • CPAP • BIPAP		
Can assess and interpret mechanical ventilator settings including, RR, VTE, Breath types, Fi02, ventilator pressures & I:E ratio		
Demonstrate understanding of peak pressure, plateau pressure, different ventilatory modes for their importance		
Able to demonstrate adaptation of assessment and interventions during respiratory weaning and able to teach this to others: • Identify other professionals involved in tracheostomy weaning and refer and liaise appropriately • Able to identify when ventilator settings need to be changed pre / post rehabilitation sessions and to link in with medical team, nurses and physiotherapists regarding this		

Knowledge and Skills	Evidence	K&S Capability Achieved
• Recognise the impact of weaning on respiratory effort and adjust ventilator settings as appropriate for rehabilitation sessions, in liaison with medical, nursing and physiotherapy teams • Exercise tolerance • Fatigue • Aspiration • Oxygen desaturation • Respiratory rate • Heart rate • Critical care myopathy (secondary to ventilation) • Treatment escalation plan and impact on mobility and activity assessment		
To understand the use of chest drains and safety implications for occupational therapy intervention		
Demonstrates safe handling during transfer / manual handling of patients with chest drains		
To understand the following terminology: • Swinging • Bubbling		

Knowledge and Skills	Evidence	K&S Capability Achieved

Demonstrate understanding of:
• The cough assist and its use with patients
• Manual techniques
• Intermittent positive pressure breath machine
• Proning and importance of preventing complications
  • Positioning – particularly upper limb possible damage to brachial plexus
  • Lower limb positioning considering femoral nerve
  • Background knowledge of ischaemia and possible peripheral necrosis following high inotropic support & the potential for brachial plexus injuries and the importance of positioning
• Extra-corporeal membrane oxygenation (ECMO) – the mechanism, contraindications & precautions when mobilising patients or during functional sessions.		

1.2	The Cardiac System	
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • To acquire a basic knowledge of the most common cardiovascular conditions, interventions and treatments including surgical and non-surgical options. • To increase confidence in working in critical care and understanding safety and risk This K&S capability is not a replacement for local risk assessment, policies and procedures. (See also 2.1 risk assessment)	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
Core:		
Demonstrate a good knowledge of basic anatomy of the heart: • Atria and ventricles • Valves • Pericardium • Blood vessels		
Demonstrate a good understanding of the heart physiology and function: • Blood flow • Blood supply • Conduction (nodes) • Cardiac cycle • Cardiac output • Blood pressure • Heart rate and pulse		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate a basic knowledge of cardiac conductive pathways, ECG's and different rhythms (e.g. Sinus Rhythm, Atrial Fibrillation, Sinus Bradycardia, Supraventricular Tachycardia, Ventricular Fibrillation)		
Describe normal cardiac parameters		
Demonstrate knowledge of heart disease: • Coronary (Ischemic) heart disease + Angina • Myocardial Infarction • Heart failure • Valve disease • Arrhythmias • Bundle branch block • Endocarditis • Cardiogenic shock		
Describe the difference between a cardiac arrest and a heart attack		
Demonstrate understanding of vessels disease: • Stenosis • Aneurysm • Dissection • Hypertension • Pulmonary hypertension		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate background knowledge of different cardiac investigations: • ECG • ECHO • Holter • TOE • Cardiac MRI		
Demonstrate basic knowledge of different cardiac procedures and their significance to therapy: • Pacemaker vs ICD • Temporary pacing • Cardiac catheterisation • Angiography/plasty • Congenital defect repairs • Ablation • Cardioversion • Stents/PCI • TAVI • Implantable loop recorder • Intra-aortic balloon pump		
To demonstrate a good understanding of common cardiac surgeries: • Coronary artery bypass graft (CABG) surgery • Valve repairs/replacements • Aortic repair surgery • Aortic dissection repair		
To be aware of the pros and cons of procedures performed on versus off pump and the implications on therapies		

Knowledge and Skills	Evidence	K&S Capability Achieved
To be aware of post-surgical precautions and implications on active rehabilitation		
To understand the role and precautions of key cardiovascular medications: • Vasopressors and Inotropes (e.g. Noradrenaline, Dobutamine, Milrinone, Dopamine, Vasopressin, Metaraninol, Epinephrine) • Blood thinners • GTN		
Advanced:		
To be able to identify normal and abnormal ECG trace and explain their indications		
To have an advanced understanding of heart disease • Myocardial Infarction (STEMI vs Non-STEMI) • Heart failure (Left vs right) • Congenital heart disease / defects • Inherited heart disease (Marfan's syndrome, Cardiomyopathies • Postural orthostatic tachycardia syndrome (POTS)		

Knowledge and Skills	Evidence	K&S Capability Achieved
To have a comprehensive understanding and knowledge of cardiac procedures listed in core K&S capability and support devices: Additionally – Implantable loop recorder, Left/Right Ventricular Assisted Device (LVAD), Extracorporeal membrane oxygenation (ECMO)		
To have advanced understanding of • The indications of cardiopulmonary bypass during surgery and implications on therapies (elective vs emergency) • The cardiovascular system in the context of acute neurological pathology (e.g stroke, embolic showers)		
To have an advanced understanding of the role, precautions, and the mechanism of cardiovascular medications		

1.3	The Neurological System	
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • To aid understanding of the neurological system • To ensure understanding of safety aspects of working with someone with a neurological condition This K&S capability is not: • In place of consulting with expert / specialist neurological occupational therapists when required • A guide of intervention / rehabilitation with people with neurological conditions	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
Core:		
Read and apply national guidelines relating to neurological conditions, for example: • NICE guideline (2019) Suspected neurological conditions: recognition and referral (NG127) • NICE guideline (2019) Stroke and transient attack in over 16s: diagnosis and initial management. [NG128] • RCP (2016) National clinical guidelines for stroke • NICE guideline (2019) Head injury: assessment and early management (CG176) • NICE guideline: Head injury (QS74)		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate understanding of the structure, function and impact of damage to the central nervous system: • Frontal lobe • Parietal Lobe • Temporal Lobe • Occipital Lobe • Cerebellum • Brain stem • Limbic System • Ventricles • Hemispheres • Cranial nerves • Vascular system of the brain • Spinal Cord		
Describe the structure and function of the peripheral nervous system, particularly in relation to the upper limbs		
Demonstrate background knowledge of neurological conditions that are common in critical care: • Delirium (K&S capability 4.2) • Spinal injuries (K&S capability 3.3) • Status epilepticus • Guillain Barré Syndrome Traumatic Brain Injury, for example: • Coup-contrecoup • Contusion • Haemorrhage • Intracranial haematomas • Diffuse axonal injury • Penetrating vs closed injury		

Knowledge and Skills	Evidence	K&S Capability Achieved
Acquired Brain Injury, for example: • Hypoxia • Brain tumour • Space occupying lesions • Aneurysm • Hydrocephalus • Stroke • Subarachnoid haemorrhage • CNS infections (meningitis, encephalitis) • Autoimmune / HIV associated infections • Toxic metabolic encephalopathy Chronic conditions, for example • Multiple Sclerosis • Parkinson's • Motor Neurone Disease • Muscular Dystrophy • Dementia		
Describe the physical, cognitive and psychological changes that can occur due to neurological conditions		
Recognise and describe the neurosurgical interventions for neurological conditions: • Lumbar Puncture • Lumbar Drain • ICP Bolt • Extraventricular Drain • Ventriculoperitoneal Shunt • Burr hole surgery • Craniotomy • Craniectomy		
Describe the contraindications or measures required for therapy when medical interventions as above are being used for neurological conditions		

2.0 Risk Assessment and Initial Assessment

2.1	Risk Assessment
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • To increase confidence in assessment of readiness for occupational therapy input • To increase confidence in working in critical care and understanding safety and risk This K&S capability is not a replacement for local risk assessment, policies and procedures.

Knowledge and Skills	Evidence *Observed / demonstrated / shown own reading / attended presentations*	K&S Capability Achieved *Name / Signature / date / comments*
Core:		
Demonstrate ability to gather important details from patient's notes: • Knowledge of local documentation system (electronic, multiple systems, handwritten, imaging reports) • Navigating electronic notes • Ability to locate consultants target observations in the notes • Reading and interpreting bedside vital signs chart		
Demonstrate understanding of medical presentation: • To review and summarise presenting condition, past medical history and key events since admission and medical plan (treatment and interventions) and the impact these will have on occupational therapy assessment and treatment		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to liaise with appropriate MDT colleagues to gather further information or to request support if needed: • Ability to gather appropriate information about the patient from bedside nurse and MDT and impact on own assessment and treatment • Ability to recognise own capability and request specialist input/support when indicated e.g.) liaison with TVN re wound / pump • Working within own capability and escalating when additional support/teaching is required		
Demonstrate ability to interpret ICP, BP, MAP and HR chart and monitor during therapy to maintain ranges recommended by consultants		
Demonstrate ability to analyse patient's medical status and suitability for occupational therapy assessment and treatment following the ABCDE model: • To demonstrate ability to identify contraindications for occupational therapy assessment or treatment • To recognise changes in patients' medical status and suitability for therapy • To be able to read and interpret the vital signs monitor at patient's bedside *For physiological systems (respiratory, cardiac and neurological) see* K&S capability *section 1.0.* <u>Airway:</u> • Identifying type of airway (Own / ETT / Tracheostomy) • Laryngectomy – new vs pre-existing, protection (HME, bib) • Background knowledge of airway patency concerns (malignancy, trauma, airway collapse [TBM/EDAC])		

Knowledge and Skills	Evidence	K&S Capability Achieved
• Knowledge of normal ETT / tracheostomy appearance / position and demonstrate ability to identify if changed during/after assessment or treatment <u>Breathing:</u> • Understanding of normal SpO2 and RR • Understanding of ABG normal ranges • Understanding of respiratory reserve and effort / work of breathing • Understanding of ventilation (Supplementary oxygen, CPAP, NIV, MV) • Background knowledge of secretion burden and management and when to liaise with MDT <u>Circulation:</u> • Understanding of normal HR, Heart rhythms, BP (invasive vs non-invasive), MAP, CVP • Understanding of cardiac reserve • Understanding of key cardiovascular medications and contraindications for occupational therapy assessment and treatment (Norad, Vasopresin) • Understanding of cardiovascular support devices and contraindication for occupational therapy assessment and treatment (temporary pacing wires, temporary pacing boxes) <u>Disability:</u> • Understanding of body temperature and the effects of hypo- / hyper- thermia • Understanding of key critical care medications and how these can affect the patient's presentation (sedatives, analgesia, paralytics etc) • Understanding of neuro status – RASS, GCS, seizures etc • Understanding of neuro support devices e.g. Intra cranial pressure monitoring, External ventricular drain)		

Knowledge and Skills	Evidence	K&S Capability Achieved
• Understanding of MSK complications, WB status and management (braces, splints, ex-fix, fasciotomies etc) • Understanding of skin integrity and conditions (fragile skin, pressure damage, wounds, necrotising fasciitis, burns etc) • Understanding of post-surgical/procedure precautions (Sternotomy, bone flap, spinal block removal, lumbar puncture, pacemaker etc) • Understanding of key lab results (HB, CRP, INR, Trop, electrolytes etc) • Understanding of infection status (MRSA, COVID-19, CPE, VRE etc) <u>Environment:</u> • Understanding of various lines, their purpose and precautions (arterial, central, Vascath (central venous catheter), PICC, spinal block / anaesthesia, NG/NJ, PEG/PEJ, RIG/RIJ etc) • Understanding of various drains, their purpose and precautions (chest, ascitic, redivac, spinal, external ventricular drain, vacuum pump) • Understanding of continence devices, their purpose and precautions (urinary catheter, suprapubic catheter, bowel management systems) • Understanding of body temperature control devices, their purpose and precautions (Bair Hugger™, CoolGuard™, Arctic Sun™) • Understanding of other common devices, their purpose and precautions (IV Infusions, PCA, feeding pump, external pacing device, haemofiltration machine/dialysis, suction) • Knowledge of number and skill mix of professionals needed for task		

Knowledge and Skills	Evidence	K&S Capability Achieved
Describe how to recognise a deteriorating patient and start emergency procedures: • Demonstrate awareness of patient's resus status • Ability to identify that ventilator tubing has disconnected and manage that situation in line with local protocol • Ability to read and interpret the vital signs monitor and recognise when to pause or terminate session • Knowledge of local emergency protocols e.g. bedsheet on chair for CPR • Ability to recognise a deteriorating patient and describe the theoretical underpinning of management and escalation processes within local policy (this includes respiratory / neurological deterioration) • Ability to raise the alert using bedside buzzer and to make a cardiac arrest call if needed • Knowledge of the airway emergency algorithms and tracheotomy / laryngectomy kits at bedside • Ability to locate the crash trolley and airway / difficult airway trolley on the unit and knowing local protocols • Knowledge of location/requesting PATSLIDE®, scoop stretcher and HoverJack®		
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

2.2	Initial Assessment
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • To demonstrate ability to complete initial assessment, including neurological assessment.

Knowledge and Skills	Evidence *Observed / demonstrated / shown own reading / attended presentations*	K&S Capability Achieved *Name / Signature / date / comments*
Core:		
Demonstrate the ability to gather important details from patients' notes: • Knowledge of local documentation system (electronic, multiple systems, handwritten, imaging reports) • Navigating electronic notes • Ability to locate target observations range in the notes • Reading and interpreting bedside vital signs chart		
Understand and describe the medical condition and impact on assessment: • To review and summarise presenting condition, past medical history and key events since admission and medical plan (treatment and interventions) and the impact these will have on occupational therapy assessment		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to evaluate the patient's appropriateness for occupational therapy assessment and treatment • Knowledge of local referral criteria/service provision agreement of critically unwell patients for occupational therapy assessment and treatment • Demonstrate ability to identify a need for occupational therapy assessment and treatment from MDT/handover/note screening • Ability to identify if/when the patient is appropriate for a specific occupational therapy assessment or treatment prior to each session • Understanding that readiness for each assessment and treatment can be at different times (e.g. appropriate for UL assessment but not for active rehab) • Ability to communicate clinical reasoning of (in)appropriateness for occupational therapy assessment or treatment to the patient, family and wider MDT both verbally and in writing • Ability to gain consent and recognise the importance of this • Understand next steps when verbal consent isn't possible • Ability to apply mental capacity act when gaining consent • Ability to prioritise patient using locally agreed priority matrix		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to gather subjective information and explain importance of this • Ability to determine if/when it is appropriate to gather social history • Ability to identify the most appropriate source to gather the social history from (e.g. patient, family, unpaid or paid carer, GP). • Ability to gather social history about roles, occupations and what is meaningful to the patient • Understanding of the value of gathering "About me / This is me" information (likes, dislikes, hobbies) • Ability to gather information regarding home situation and discharge when appropriate		
Demonstrate ability to assess and prepare the environment for occupational therapy assessment and treatment *[See also 2.1 Risk assessment and 3.1 Manual Handling, positioning and seating]* • Ability to complete a risk assessment of bedspace • Ability to identify obstacles at bedspace and to make appropriate space • Liaison with nursing staff to minimise attachments as appropriate and the nurse to pause/disconnect any enteral feeds if completing active treatment or repositioning patient • Gather all necessary items and equipment etc prior to commencing session		
Demonstrate ability to adapt communication based on the needs / ability of the patient		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to complete an initial occupational therapy assessment • Ability to determine and adjust the aspects of initial assessment that are necessary, based on clinical information available and observed (e.g. neuro assessment of a patient with a potential neurological diagnosis) • Understanding of assessment limitations (e.g. patient still sedated, fatigue, delirium, language barrier) • Ability to assess arousal levels (if off sedation) [see also 4.3 disorders of consciousness] • Cognition and Perception (see 4.1) • Delirium (see 4.2) • Mood changes (see 5.1) • Motor: Range of movement (Active vs Passive), Power, Tone (High vs low, clonus), Sensation, Coordination • Upper limb (see 3.2) • Sensory: light and deep touch, pressure, temperature, pain, proprioception • Vision: eye movements, tracking, convergence, visual fields		
Demonstrate ability to complete functional assessments and describe clinical reasoning: • Bed mobility • Sitting on edge of the bed (sitting balance) • Seating • Transfers • Grooming • Washing / showering • Dressing • Feeding • Toileting • Hobbies/Leisure • Individualised to the patient		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to assess symptoms and explain impact on rehabilitation: • Shortness of breath (physiological vs psychological, e.g. desaturation vs anxiety) • Pain (Observational – grimacing, withdrawal reflex etc, location, type, severity, acute/ chronic, analgesia – PRN vs regular, sensory-neuropathy) • Fatigue (severity, impact on occupational therapy assessment and treatment plan e.g. alternate rehab and weaning days) • Sleep (contributory factors, quality, quantity, cycle, nightmares, excessive sleeping)		
Demonstrate ability to complete good quality documentation of occupational therapy assessment: • To adhere to the code of conduct and practice from HCPC and RCOT • Document if patient inappropriate for occupational therapy assessment and why • Document using locally agreed proforma (if available) • Document risk assessment (see Risk Assessment 2.1) • Consent (verbal/non-verbal, able to consent/ best interest, declined) • Results of assessment (subjective and objective – self reported vs observed) • Analysis of the results • Onward Plan for further assessments and treatment		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to communicate outcome of occupational therapy assessment or any concerns appropriately • Ability to feedback findings of assessment to supervisor / colleague • Ability to identify what information should be communicated and to whom • Ability to communicate the outcome of your assessment and plan/recommendations to the relevant MDT professionals • Ability to escalate any non-emergency concerns appropriately • Ability to provide feedback in handover/MDT meeting • Ability to communicate clinical reasoning to support recommendations / plan		
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

3.0 Physical

3.1	Manual Handling, Positioning and Seating	
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • To be used alongside 2.1 risk assessment This K&S capability is not a replacement for local risk assessment, policies and procedures. Local mandatory and statutory training must be followed.	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
Core:		
Describe the key areas of manual handling legislation to be aware of and how they affect manual handling, positioning and seating provision: • Health and Safety at Work Act 1974 • Manual Handling Operations Regulations 1992 (2002) • Provision and Use of Work Equipment Regulations 1998 • Lifting Operations and Lifting Equipment Regulations 1998		
Demonstrate ability to risk assess: [Also see K&S capability 2.1 Risk Assessment] • Communicate and agree which professional will lead the session		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate safe manual handling of patients: • Use manual handling/therapeutic techniques within critical care environment • Use unit specific and therapy manual handling equipment • Provide appropriate manual handling in an emergency • Explain the use and location of PATSLIDE®, spinal scoop and hoverjack® • Demonstrate use of PATSLIDE®		
Demonstrate ability to recognise and use appropriate seating options: • Ability to assess and review patients' sitting balance and make appropriate recommendations for seating • Ability to demonstrate applied knowledge of stretcher chairs, tilt in space chairs and wheelchairs and additional attachments (lateral supports, different head supports etc) • Ability to recommend and explain clinical reasoning for the choice of appropriate seating options for the patients • Ability to identify appropriate posture in the chair and provide additional supports when needed • Ability to identify the correct pressure care / cushions required • Understanding of the levels of pressure relief and properties of cushions • Ability to seek support with specialist seating when needed • Demonstrate consideration of pressure care, contraindications for sitting out and when to liaise with TVN		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to provide appropriate positioning recommendations: • Ability to position patients using a range of equipment and explaining reasoning and practicalities (pillows, towels, positioning equipment) • Ability to recognise when specialist positioning is required for the upper limb (see 3.2 upper limb) • Ability to recognise when specialist positioning assessment and treatment is required • Demonstrate knowledge and application of evidence-based practice and policies supporting positioning assessment & treatment • Ability to make appropriate positioning recommendations and seek support from others as required • Ability to educate MDT colleagues on the clinical importance and implementation of positioning recommendations • Ability to explain the reasoning and importance of positioning treatment to patients and family, and encourage family involvement where beneficial • Ability to produce pictorial positioning guides following appropriate national and local legislation, policies and procedures		
Advanced:		
To demonstrate advanced manual handling techniques: • Handling complex patients • Use of scoop stretchers and air patient lift devices • Custom hoist slings (specialist amputee or extensor spasm slings) • Walking hoist (walking hoist and walking harness) • Tilt table		

Knowledge and Skills	Evidence	K&S Capability Achieved
To demonstrate knowledge and use of advanced seating options: • Assessment and recommendations of highly specialist seating • Ability to demonstrate applied knowledge of PAT slide and Bed chairs • Advanced understanding of pressure care and joint working with TVN • Identifying gaps/lack of appropriate seating for critical care patients • Making recommendations for appropriate seating when this is being sourced for critical care including liaison with seating representatives and getting quotes • Demonstrate clinical reasoning and the use of lie or sit to stand aids		
To be able to provide advanced positioning recommendations: • Ability to produce appropriate splinting (see K&S capability 3.1 Upper Limb) • Demonstrate ability to set up and handover to MDT 24-hour / bed positioning systems • Describe and demonstrate as appropriate the use of pressure mapping • Ability to produce a specialist, 24-hour positioning regime and educate MDT staff on the implementation • Comprehensive understanding and critical appraisal of evidence based practice and policies		

Knowledge and Skills	Evidence	K&S Capability Achieved
To be aware and advise the MDT of the contraindications of positioning an amputee patient's limb whilst on the bed or in a wheelchair • Pillow use for positioning • Stump boards • Elevation of stump • Importance of flexion of knee • Dos and Don'ts		
To be able to advise and assist in the most appropriate transfer method of amputee patients whilst in critical care • To be able to clinically reason use of standard sling versus specific amputee sling use • Demonstrate ability to measure up for sling with appropriate adaptations to standard measuring • To be able to clinically reason when to use slide board transfers and be able to practice these with patient • To be aware of any further exercises the patient is able to partake in whilst on the unit		
To be able to measure for and fit the amputee patient for a wheelchair to suit their individual needs for their time on critical care		
To be able to educate the patient, family and MDT regarding all aspects of the management of the amputee patient on the unit • Sensory input for the affected limb • Phantom sensations • Pain relief • Emotional support / specialist charity information • Predicted onward rehabilitation and discharge journey		

Knowledge and Skills	Evidence	K&S Capability Achieved
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

3.2	Upper Limb – Assessment and Treatment	
Specifications and Limitations	This K&S capability is: • For all occupational therapists working within critical care This K&S capability is not: • A replacement for orthopaedic / medical assessment and or treatment • A replacement for consulting with neurological or hand therapists	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
KNOWLEDGE		
Core:		
Demonstrate understanding of current guidelines: • RCP (2018) Spasticity in adults: management using botulinum toxin • RCOT (2020) Hand and wrist orthoses for adults with rheumatological conditions: Practice guidelines for occupational therapists (second edition)		
Demonstrate ability to identify the muscles, tendons, and ligaments of the upper limbs		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to identify the nerve innervation to the above muscle groups especially in the hand		
Describe the anatomical movements of the upper limb including the intricate movements of the digits thumb		
Describe the process by which muscles of the upper limb are innervated – please also include the spinal level (refer to the ASIA chart as required)		
Demonstrate understanding of the impact of upper limb impairment on each patient's functional engagement		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate the ability to set goals to minimise functional loss		
ASSESSMENT		
Core:		
Demonstrate understanding of the common conditions / symptoms which affect the upper limb whilst on critical care: • Critical care acquired weakness, including Myopathy, neuromyopathy and polyneuromyopathy • Pain • Oedema • Reduced sensation • Nerve conditions / diseases such as GBS • Peripheral nerve injury • Reduced power? cause • Biomechanical changes e.g. reduced AROM / PROM • Tonal changes following neurological events • Decreased proprioception and stereognosis		
Demonstrate ability to assess upper limb pain using either a visual analogue score and / or the Faces Pain Scale Revised (FPS-R)		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to assess skin integrity using the following parameters: • Visual assessment of the skin type e.g. Cracked, shiny, taut, paper thin, weeping, necrotic, bruised etc • Capillary refill assessment technique • Consulting with tissue viability nurse • Document the above appropriately using diagrams as required		
Demonstrate use of the neutral-0 / goniometer measurement of AROM / PROM and be able to denote this appropriately for each upper limb joint		
To be able to assess upper limb joints for subluxation, record and treat appropriately		
To be able to demonstrate safe manual handling techniques and positioning in seating / lying for patients with subluxation at the glenohumeral joint		
Demonstrate the ability to assess upper limb strength using the Oxford Scale (medical research council manual muscle strength testing) for all upper limb muscle groups and record appropriately and explain reasoning for escalating early following assessment		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate the assessment of a range of grips including: • Mass grasp • Pinch • Lateral pinch • Tripod – pencil grip • Spherical • Hook • Palmer		
Demonstrate assessment of sensation using a range of methods including: • Light touch • Neuro / tip & cotton wool • Outcome measures such as the Nottingham sensory assessment • Aware of the monofilament test and be able to use this appropriately as required • Asia scale for the upper limbs		
Demonstrate how to assess the tone in a patient's upper limbs, using the Modified Ashworth Scale		
Demonstrate the assessment of proprioception, coordination and stereognosis in the upper limb		

Knowledge and Skills	Evidence	K&S Capability Achieved
OEDEMA		
Core:		
Demonstrate a clear understanding of the pathophysiology of oedema in the upper limb		
Demonstrate the ability to identify the risk factors in patients with oedema: • Sodium retention • Fluid balances • Trauma • Deep vein thrombosis • Line positioning		
To be aware of the following information which may impact on the development of oedema: • Present medical condition • Comorbidity • Medication • Local trauma		
Describe and document the type of oedema present: • Non pitting • Pitting • Mixed • Localised • Global • Uni / Bilateral • Peripheral		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to measure and record the oedema using the following techniques: • Figure of 8 • Assessment grade and depth – pitting oedema scale infographic		
TREATMENT		
Core:		
Oedema		
Demonstrate ability to identify and describe the benefits / contraindication of the following methods of oedema management / treatment: • Elevation • Oedema gloves • Splinting • Lymph massage • 24 /7 Positioning regime		
Physical		
Demonstrate ability to use occupation focused exercises, including zips, buttons. Also consider the use of repeated isolated upper limb tasks which are then practiced in functional tasks		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to clinically reason the need for splinting and seek consultation from neuro / hand therapy services when required		
Ability to set-up positioning regime for upper limb during review of need for splinting		
Demonstrate ability to assist another occupational therapist with fabrication of a splint		
Demonstrate ability to implement a splinting regime, educate MDT and monitor when splint adjustments are required		

Knowledge and Skills	Evidence	K&S Capability Achieved
Advanced		
Physical		
Ability to identify when splinting would be required with a high / low toned oedematous hand / wrist / upper limb		
Demonstrate a range of splinting techniques: • Fitting / adjustment of an off the shelf splint • Fabrication of a thermoplastic splint • Splinting for function • Tendonesis splinting • Custom made splinting by problem solving		
Ability to clinically justify the splinting regime time scale / risks and contraindications		
Ability to review the splint; adjust and assess skin integrity following splint wear and continue use appropriately. Ability to hand this over to nursing staff		
Demonstrate ability to advocate for antispasmodic / pain medication where required & make recommendations where required		

Knowledge and Skills	Evidence	K&S Capability Achieved
Ability to refer for possible botulinum toxin where required and subsequently be confident in the management of the upper limb / splinting as required		
Ability to demonstrate the use of pillow splinting and air splints to manage spasticity in the elbow to the MDT		
Ability to use bilateral integrated upper limb exercises as required		
To be able to use a wide range of putty / graded foam exercises to treat specific weakness in the digits		

Knowledge and Skills	Evidence	K&S Capability Achieved
Sensory		
Demonstrate the use of sensory re-education techniques for the upper limb		
Demonstrate a wide and diverse view of outcome measures appropriate to the clinical setting e.g. Chedoke, ARMA, Functional reach, DASH		
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

3.3	Acute Management of Spinal Cord Injury	
Specifications and Limitations	The K&S capability pertains to all levels of critical care therapists depending on critical care speciality. For therapists on general critical care units, large sections relate to advanced practice. Some units may feel this advanced practice is part of their core capabilities for their unit.	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
RISK MANAGEMENT (see also 2.1 risk assessment)		
Core:		
Background knowledge of current guidelines and impact on occupational therapy interventions: Multidisciplinary Association of Spinal Cord Injured Professionals (2021) Guidelines for the management of neurogenic bowel dysfunction in individuals with spinal cord injury and other central neurological conditions		
Demonstrate knowledge of the importance of maintaining spinal alignment for the unstable patient		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to escalate to a senior member of staff that a patient with a potential or confirmed spinal cord injury is on the unit and gain advice within personal scope of practice		
Advanced:		
Demonstrate ability to review the mechanism of injury and be able to check if the right protocols have been carried out		
Demonstrate ability to clarify if the secondary and tertiary surveys have been completed – be able to detail findings & link to occupational therapy input		
Demonstrate ability to make clear and reasoned decisions regarding manual handling / mobilisation of patients with spinal pathologies		
Demonstrate and apply understanding of spinal precautions		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate understanding when log rolling is required and be able to perform this task as part of the MDT		
Demonstrate ability to head hold and lead the log roll		
Demonstrate ability to measure and fit collars and ongoing collar care. Including education of MDT as required		
Demonstrate ability to fit braces and ongoing brace care		
EARLY OCCUPATIONAL THERAPY (see also 3.2 Upper Limb and 3.1 Manual Handling, Positioning and Seating)		
Advanced:		
Demonstrate clinical reasoning to refer early to spinal rehabilitation units Demonstrate ability to contact spinal outreach teams – for early advice and outreach services for the MDT and the patient		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate background knowledge of the risks to skin integrity and application of preventative measures for pressure damage e.g. manual handling techniques / bed rest / pressure care and liaison with tertiary units prior to commencement of rehabilitation		
Demonstrate background knowledge of the restrictions on limb movement dependent on the level and extent of spinal instability		
Discuss and consider the use of shoulder hold during respiratory treatment or limb movement with MDT		
Describe the reasoning for early wheelchair order / contact with local wheelchair providers		
Explain the reasoning for early communication devices – liaison with local SLT team for advice as required (or tertiary units)		
Demonstrate use of graded mobilisation with blood pressure management (use of abdominal binder, compression stockings, compression boots and or medication (see local policies)		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate knowledge of bowel and bladder dysfunction and impact on autonomic dysreflexia		
Application of the knowledge of the importance of skin care and the impact on seating, mobilisation, and access to rehabilitation		
SPINAL CLASSIFICATION		
Advanced:		
Background knowledge of the 3-column theory and classification systems		
Demonstrate in-depth understanding of relevant bony and ligamentous structures		
Describe spinal & circulatory shock		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to complete the ASIA assessment (in line with organisational policy)		
Demonstrate the ability to interpret the ASIA assessment and determine complete / incomplete spinal injuries		
Describe the implications for the patient of complete vs incomplete spinal injuries		
Describe the autonomic effects of spinal cord injury including autonomic dysreflexia and actions required		
Demonstrate an in-depth understanding of how respiratory muscles are innervated and the effects of spinal injury on respiration and lung volumes		
Demonstrate a clear understanding of the spinal sensory / motor levels of innervation of key muscle groups and the effects on function		

Knowledge and Skills	Evidence	K&S Capability Achieved
MEDICAL AND SURGICAL KNOWLEDGE		
Advanced:		
Discuss background knowledge of spinal instability managed either surgically or conservatively with the use of a collar/brace/orthotic:		
Describe and understand the surgical procedures which may be used to decompress and or fix the spine and the implications for therapy following surgery		
Describe common spinal surgery procedures below: • ACDF • Laminectomy • Microdiscectomy • Kyphoplasty • Instrumental fusion		
Demonstrate understanding of the post operative notes including positioning requirements post spinal surgery		
Describe the risks each procedure poses to the patient's functional level / rehabilitation attainment		

Demonstrate knowledge of the requirements for orthosis post-surgery		
Demonstrate recognition of the importance of post-surgery imaging prior to mobilisation		
EARLY REHABILITATION		
Advanced:		
Demonstrate an understanding of the importance and application of therapy methods to maintain muscle length for the restoration of function / compensation (e.g. tenodesis grip Vs normal movement)		
Knowledge of the complications of tonal components to spinal cord injury management and demonstrate interventions		
Awareness of patient's ability to alert nursing staff if high spinal injury limiting hand / limited arm function. Demonstrate ability to adapt the call button / system		

Knowledge and Skills	Evidence	K&S Capability Achieved
To understand the importance of early rehabilitative techniques including bed mobility, long sitting, transfers, standing and wheelchair mobility and its dependence on clinical presentation and ASIA classification		
To understand the importance of early occupational rehab and adaptation of activities and environment		
To be aware of the importance of pressure relieving manoeuvres for patients in lying and seated positions. Liaise with tertiary units to give patient specific advice		
Demonstrate the ability to appropriately assess a patient with spinal cord injury for initial seating options within the critical care setting and on step down as required		
Explain the psychological effects of spinal cord injury and the potential barriers to rehabilitation Demonstrate the ability to identify assistance early from psychological support services		

Knowledge and Skills	Evidence	K&S Capability Achieved
ENVIRONMENTAL ADAPTATION		
Advanced:		
Demonstrate the ability to consider the impact the critical care environment could have on a patient's functional ability and consider changes where appropriate		
Describe the clinical reasoning for use of adaptive equipment and demonstrate use as appropriate (communication devices, environmental controls, problem solving with local equipment)		
Demonstrate the understanding of when and how to use compensatory techniques e.g. splinting for functional activities, creative adaptation of equipment, assistive technology		
Handover:		
Demonstrate the ability to ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] (reviewed in 2020) on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

4.0 Cognitive

4.1	Cognition and Perception – Assessment and Treatment	
Specifications and Limitations	This K&S capability is: • To demonstrate ability to complete informal and formal cognitive assessments based on patients' presentation and / or diagnosis. • Increase knowledge and use of standardised assessments of cognition • Increase knowledge and application of management of cognitive difficulties, including delirium This K&S capability is not: • Training in specific cognitive assessments • Training in assessment and treatment of complex cognitive conditions should be undertaken as part of both core and advanced capabilities • Accreditation or licensing to use cognitive tools should follow the policies of the individual companies	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
KNOWLEDGE		
Core:		
To have applied knowledge and understanding of neuroanatomy as per K&S capability 1.3 The Neurological System and be able to apply this knowledge to patients' specific presentation, evidence from scans of damage to the brain and diagnosis including knowledge of likely cognitive / perceptual changes related to this		

Knowledge and Skills	Evidence	K&S Capability Achieved
To demonstrate a good knowledge of the cognitive hierarchy and understand the individual components and impact on function • Sensory processing • Information processing • Perception including, visual discrimination, visual memory, form constancy, figure ground, visual closure depth perception. • Attention (all types) • Orientation • Memory • Ideational and ideomotor apraxia • Safety/judgement • Insight • Executive Function • Altered behaviour • Personality		
Assessment		
Core:		
Demonstrate ability to sensitively gather information from family / carers / significant others regarding patients' premorbid cognitive level		
Demonstrate ability to clinically reason and identify appropriate cognitive assessments for patients' clinical presentation		
To demonstrate identification of when someone is appropriate / ready for formal cognitive assessments		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to explain clinically reasoning when functional assessment is appropriate, rather than standardised assessments		
Demonstrate ability to complete appropriate functional tasks to assess cognition and perception		
Demonstrate ability to analyse results from functional tasks to identify cognitive and perceptual impairments		
To explain the purpose of a cognitive assessment (functional or standardised) to a patient (and their family / carers as appropriate) prior to administration		
To identify appropriate standardised assessments for each patient or presentation and explain clinical reasoning for this		
To correctly administer standardised assessments / screening tools e.g. CAM-ICU, AMTS, 4AT, O-Log, WHIM, CRS-R		

Knowledge and Skills	Evidence	K&S Capability Achieved
To administer higher level cognitive testing when appropriate for patient e.g. ACE III, ADDENBROOKES, MOCA, OCS		
To attend training for standardised assessments when required or when identified as a training need		
To adapt communication to enable assessment with patient with complex communication needs. e.g. joint assessment with SLT, using non-verbal communication		
Ability to adapt assessments to other sensory changes such as vision or hearing and knowledge of impact on standardised assessment results		
Treatment		
Core:		
To analyse and discuss with MDT the findings from formal and informal cognitive testing and the impact on function		

Knowledge and Skills	Evidence	K&S Capability Achieved
To be able to define key cognitive impairments to patients and their families and the wider MDT and provide appropriate education and management to enable participation		
To set goals with patients and their families which include management / rehabilitation of cognitive changes		
To demonstrate use of and describe how occupational rehabilitation can be utilised to improve cognition		
To plan, implement and evaluate cognitive rehabilitation programmes		
To explain to patient and family about recovery from cognitive changes, normalisation of cognitive changes due to PICS and how to support them on the wards and at home		

Knowledge and Skills	Evidence	K&S Capability Achieved
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

4.2	Delirium – Assessment, Prevention and Management	
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • To aid understanding of the prevalence of delirium This K&S capability is not: • A replacement for a local policy on the assessment and treatment of delirium	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
Core:		
To be aware of the up-to-date evidence-based practice in the assessment / treatment of patients with delirium. • NICE guidelines (CG103 2023, QS63 2014) • SIGN guideline 157 (2019) • SCCM – ICU Liberation Bundle A-F (2019) • PADIS Guidelines (2018)		
To understand the key concepts and have an applied knowledge of delirium, including: The differing types of delirium: • Hyperactive • Hypoactive • Mixed		

Knowledge and Skills	Evidence	K&S Capability Achieved
To understand the prevalence and risk factors for developing delirium within the critical care unit		
To be aware of the typical onset and course of delirium in a critical care setting • Presentation of delirium in the critical care patient (impact on cognitive function, perception, physical function, social behaviour) • Short and long-term effects of experiencing delirium in the critical care setting (increased length of stay, associated complications, new admission to long-term care, increased morbidity, and mortality)		

Knowledge and Skills	Evidence	K&S Capability Achieved
To be able to describe and demonstrate assessment of delirium, including: • Understanding the need to complete regular (minimum daily) observations of changes or fluctuations in patient's usual behaviour • Able to administer the CAM-ICU with L3 patients • To be able to administer the 4 A's test (4AT) and the short CAM for use with level 1 and 2 patients • To gain additional / subjective information from patients to better understand the delirium experience • Gaining information from family to clarify difference in patient's presentation from their baseline		
Knows the key principles of pharmacological management of delirium and understands how this may impact occupational therapy service delivery, including: • Principles of medication optimisation • Medications that may be prescribed in the management of delirium, and the impact this might have on therapy sessions • The need to monitor for and feedback to team any observed potential side effects		

Knowledge and Skills	Evidence	K&S Capability Achieved
Knows the key principles of non-pharmacological management in the prevention and treatment of delirium and demonstrates integration of these into occupational therapy service delivery, including: • Understanding that delirium prevention should be a priority for all patients admitted to critical care • Assisting the team to identify and manage possible underlying causes of the patient's delirium • Educating patient, family and friends about delirium (including ways in which family and friends can help) • Minimising sensory impairment by ensuring patient has items such as glasses, hearing aids, etc., as required • Providing reassurance and effective communication and reorientation during therapy sessions • Ensuring therapy sessions are carried out in a suitable environment (well-lit, minimal noise / distraction, clear signage, visible clock and calendar, familiar items if possible) • Engaging with family and friends to determine what matters to the patient and tailoring therapy sessions accordingly • Involving family and friends in therapy sessions • Providing meaningful cognitive stimulation as part of therapy sessions (e.g. person-centred reminiscence) • Engaging patient in early mobilisation as appropriate (including range of movement [ROM] exercises if unable to walk) • Encouraging patient to drink to address dehydration and / or constipation (in line with fluid balance requirements) • Monitoring for non-verbal signs of pain during therapy sessions and feedback to team as appropriate		

Knowledge and Skills	Evidence	K&S Capability Achieved
• Promoting and supporting good sleep hygiene • Understanding and engaging team to re-establish patients' regular daily routines (ADL's, feeding, sleep/wake cycles) as much as possible • Utilising patients own items from home as much as possible to carry out functional tasks in therapy sessions • Utilising therapeutic rapport to employ verbal and non-verbal techniques to de-escalate situation if patient is distressed		
To be able to provide ongoing education and support to patient, family and friends once delirium has resolved or on discharge from care, including: • Provision of appropriate information • Signposting to support groups or where further help can be obtained if needed		

Knowledge and Skills	Evidence	K&S Capability Achieved
Advanced		
Demonstrate ability to advocate and promote, across the critical care units, for non-pharmacological management of delirium		
Influence and input into local policy for delirium		
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

4.3	Disorders of Consciousness	
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • For use with patients with any condition where there is a change or impairment in consciousness without sedation (not only those diagnosed with neurological conditions) This K&S capability is not: • A guide to diagnosis • To provide long-term input for patients with pdoc • A replacement for specialists in PDOC especially in cases of diagnosis / prognostication	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
Core:		
Demonstrate an understanding of Royal College of Physicians (2020) Prolonged disorders of consciousness following sudden onset brain injury		

Knowledge and Skills	Evidence	K&S Capability Achieved
Knowledge of different reasons for reduced consciousness within critical care settings and the potential prognosis • Medications • Slower to wake • Hypo-delirium (see 4.2 Delirium) • Brain Infection / inflammation • Trauma to the brain • Toxic or metabolic • Brain injury – Vascular or hypoxic		
Demonstrate background knowledge of reversible causes that require exclusion		
Understanding of the differences between Arousal, Wakefulness and Awareness		
Demonstrate understanding of the definition of prolonged disorders of consciousness being more than 4 weeks and the prognoses related to different conditions		
Demonstrate understanding of the difference between coma, prolonged disorders of consciousness and terminal decline of consciousness		
Demonstrate understanding of the continuum between vegetative state and minimally conscious state		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate knowledge of locked-in syndrome and how to screen for it		
Demonstrate understanding / ability to carry out common assessments in critical care, such as, GCS, CAM-ICU.		
Demonstrate ability to complete observational assessments of behaviour to assess pain and mood and educate MDT if unsure		
Demonstrate ability to complete behavioural observational assessment to know baseline prior to direct assessments		
Demonstrate ability to objectively complete WHIM and CRS assessments and advocate for MDT involvement		
Demonstrate ability to identify reflexive, spontaneous and purposeful movements		
Demonstrate knowledge of the importance of managing sensory environments and ensuring patient is not over-stimulated by the environment		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate how to optimise conditions for response testing including family involvement		
Demonstrate ability to interpret results and advocate for a patients		
Demonstrate recognition and ability to support and educate family / friends / carers		
Demonstrate good understanding and application of the mental capacity act, best interest decisions and use of an IMCA		
Demonstrate recognition of the important role of sensory response assessment (such as WHIM, CRS) in the guidance of treatment planning and goal setting		
Demonstrate knowledge of the neuro-palliation process (withdrawal of treatment) and the impact on the occupational therapy role		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate preventative and rehabilitative interventions for patients with disorders of consciousness • Positioning • Seating • Tone and oedema management • Splinting / casting • Sensory interventions • Use of familiar objects / photos / smells / sounds • Family engagement • Engagement in activities (hand-over-hand)		
Advanced:		
Demonstrate knowledge of the importance of visual assessment in this patient cohort (2.2 initial assessment)		
Demonstrate an understanding of sleep-wake cycles in PDOC and when there is a need to escalate to medical teams		
Complete formal training in PDOC from a recognised expert service		
Demonstrate completion of expert assessments due to formal training such as SMART		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to clearly report results of advanced tests to family and MDT including process of testing, trajectory and implications		
Demonstrate ability to advocate for patients in discussions around diagnosis and prognosis including ongoing treatment planning		
Demonstrate ability to advocate for patients with the MDT and support the importance of objective accurate response monitoring by different disciplines		
Demonstrate ability to provide individualised sensory stimulation programs • Clinical implications / reasoning • Creation • Education of MDT • Education of family		
Demonstrate knowledge of the criteria for emergence and advocating for patients to highlight this to MDT		
Demonstrate ability to advocate for onward referrals to specialist centres for further assessment, disability management and rehabilitation as appropriate		
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

5.0 Psychological

5.1	Psychological Interventions	
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • To provide guidance in assessment of ward level care for patients with mood changes This K&S capability is not: • To provide a diagnosis • A replacement for referral to psychology / psychiatry • Training in psychology / counselling	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
Core:		
Background knowledge of the psychological consequences of a critical care admission on patients and their families, friends and carers • Depression • Anxiety • Trauma • PTSD		
Demonstrate ability to screen for mood changes including the use of the intensive care psychological assessment tool (IPAT)		

Knowledge and Skills	Evidence	K&S Capability Achieved
Describe the psychological impact on patients during their critical care admission		
Describe the organic emotional changes that can occur due to certain conditions such as neurological conditions		
Demonstrate knowledge and understanding of the causes of challenging and altered behaviour		
State the effects that changes in behaviour may have on people involved with the individual e.g. interactions / communication & care giving		
Describe and apply the unit level interventions that can be trialled to improve mood or manage changes in behaviour		
Describe the occupational therapy role with psychological interventions on critical care and identify the triggers for referral to clinical psychology / psychiatric liaison		
Demonstrate knowledge of the difference between, and give examples of, psychological and pharmacological interventions		

Knowledge and Skills	Evidence	K&S Capability Achieved
Describe how to engage and set goals with patients experiencing altered mood		
Describe ways to access wider resources and any contraindications, such as chaplain visits, pet therapy, trips off the unit / sunshine therapy		
Awareness of further training in techniques to manage mood and aid goal accomplishment or change e.g. cognitive behavioural therapy / motivational interviewing		
Describe strategies to help patients and families to cope and manage their emotions whilst in critical care		
Demonstrate knowledge and understanding of how you would implement strategies to support the individual with challenging or altered behaviours, their family and carers and all involved those with the person		
Demonstrate discharge planning including consideration of mood or psychological conditions, recommendations for further input and follow up as required to support the patient and their families.		
Demonstrate awareness of own wellbeing / mental health needs and where to seek support within your organisation		

Knowledge and Skills	Evidence	K&S Capability Achieved
Advanced:		
Application in practice of training in techniques to manage mood and aid goal accomplishment or change e.g. cognitive behavioural therapy / motivational interviewing		
Management of challenging behaviour. Advocating techniques to the MDT to ensure the patient continues to engage with their rehabilitation plan		
Management of the wellbeing of the team, including supporting staff who may be under other supervision structures. Being responsive to need to maintain wellbeing of all staff within critical care		
Advocating for debriefs and Schwartz round type reflections as well as feedback post critical care from for example post-critical care clinics		
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

6.0 Interventions

6.1	Post-intensive Care Syndrome	
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • To support prevention of post-intensive care syndrome This K&S capability is not: • For provision of services post critical care for those displaying post-intensive care syndrome	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
Core:		
Demonstrate understanding of guidelines and evidence base relating to PICS • Intensive Care Society (2022) Guidelines for the provision of intensive care services (GPICS) v.2.1 • Faculty of Intensive Care Medicine (2021) Life after critical illness guide • NICE Guideline (2009): Rehabilitation after critical illness in adults [CG83] and [QS158]		
Describe the impact of PICS on patients and families / carers • Physical • Cognitive • Psychological		
Demonstrate knowledge and application of evidence for PICS		

Knowledge and Skills	Evidence	K&S Capability Achieved
Explain predisposing factors for PICS		
Discuss the impact of PICS on occupations and the need for a preventative approach		
Describe and apply interventions to reduce the risk of PICS physical symptoms		
Describe and apply interventions to reduce the risk of PICS cognitive symptoms		
Describe and apply interventions to reduce the risk of PICS psychological symptoms		
Discuss and apply interventions to reduce the risk of PICS-F for family, friends and carers		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate ability to screen for and identify PICS both within critical care are post-critical care clinic		
Describe the benefit of follow up for patients and their families to manage PICS and refer to services as available		
Understand the importance and provide thorough transfer of care / discharge summaries on discharge / step-down from critical care to ensure patients with PICS or risk of PICS continue to be reviewed by occupational therapists in hospital / community		
Provide education for MDT and ward staff (on step down) regarding PICS		
Education for community services / GPs on PICS		

Knowledge and Skills	Evidence	K&S Capability Achieved
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

6.2	Occupational Approach	
Specifications and Limitations	This K&S capability is: • For all occupational therapists working on any critical care unit • To encourage occupational therapists to use an occupational approach within a very medical environment This K&S capability is not: • A specific occupational therapy model for critical care	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
Core:		
Recognise the impact of critical illness and the environment of critical care on occupational engagement and performance		
Describe and demonstrate the importance of an occupation-based rehabilitation approach for improvement of health and wellbeing during critical illness		

Knowledge and Skills	Evidence	K&S Capability Achieved
Describe and demonstrate the method of gathering information about usual roles and occupations (see also 2.2 initial assessment)		
Describe and demonstrate how you consider people's usual roles within occupational therapy input		
Describe any barriers to occupations on critical care		
Describe and demonstrate occupations that can be completed whilst on critical care		
Describe and demonstrate creative ways to adapt to the restrictive environment or the persons abilities to enable occupations		
Understand and apply the evidence relating to the importance of leisure occupations in patients' recovery		

Knowledge and Skills	Evidence	K&S Capability Achieved
Describe and demonstrate compensatory / adaptive techniques to enable occupations including provision of equipment		
Have knowledge of available equipment and how to highlight any equipment needs that are not being met on the unit		
Demonstrate the ability to be creative and adapt equipment or resources for specific patient needs		
Collect quantitative, qualitative data and patient experience feedback to support service and quality improvement		
Advanced:		
Describe and use as required any outside sources / charities that can assist with equipment adaptation or provision		
Demonstrate how to encourage an occupation focused culture on the unit, including other members of the MDT		

Knowledge and Skills	Evidence	K&S Capability Achieved
Promote an occupational approach to all staff, particularly nursing staff and promote a 24-hour rehabilitative environment		
Provide teaching for the MDT individually or in groups to promote understanding of the need to engage in occupations to aid recovery		
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		
Ensure there is an occupational approach to all goals set and handed over to the ward or community		

6.3	Treatment	
Specifications and Limitations	This K&S capability is: • Relevant to general occupational therapy treatment of patients who are critically ill • To increase confidence in treatment of patients who are critically ill • Increase knowledge of occupational therapy interventions within the critical care setting • To increase creativity for rehabilitation within the critical care setting. This K&S capability is not: • A prescriptive list of interventions within the critical care setting • Exhaustive • See separate K&S capability for treatment of specific impairments	
Knowledge and Skills	**Evidence** *Observed / demonstrated / shown own reading / attended presentations*	**K&S Capability Achieved** *Name / Signature / date / comments*
TREATMENT		
Core:		
Knowledge and application of relevant guidelines and their recommendations i.e., FICM/ICS (2022) GPICS v.2.1, NICE (2009) [CG83]		
Demonstrate understanding of patient's roles and occupations and able to creatively apply these to goal setting of rehabilitation within the critical care setting (see 6.2 occupational approach)		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate background knowledge of the evidence base for management or rehabilitation techniques within the critical care setting, or from similar conditions		
Demonstrate ability to highlight occupational therapy role within critical care to family, carers, MDT and others outside of critical care		
Demonstrate ability to choose and explain reasoning for rehabilitation techniques or activities based on the evidence within critical care and / or conditions		
Demonstrate use of a model to support occupational therapy treatment planning		
Demonstrate ability to engage patient and/or carers in patient-centred goals setting (SMART) with occupational therapy and the MDT		
Demonstrate a commitment to review goals and set new goals regularly		
Understanding of the different Frames of Reference and utilising these to formulate appropriate treatment plan (e.g. biomechanical, rehabilitative, developmental)		

Knowledge and Skills	Evidence	K&S Capability Achieved
Ability to implement multiple frames of reference for the same patient		
Demonstrate ability to complete good quality documentation of occupational therapy treatment session Document if patient inappropriate for occupational therapy treatment and why		
Demonstrate ability to evaluate and adjust rehabilitation approach and treatment plan dependent on progress		
Demonstrate advocacy of a preventative approach to reduce the risk of functional / biomechanical deterioration (disability management)		
Demonstrate ability to seek support from supervisor / other disciplines to discuss treatment planning options when required		
Advanced:		
Ability to choose and explain reasoning to MDT for rehabilitation techniques or activities based on the evidence within critical care and / or conditions		

Knowledge and Skills	Evidence	K&S Capability Achieved
Ability to identify need and advocate for preventative approach (disability management)		
Ability to promote and demonstrate occupational therapy treatment and it's benefits to patient, family, MDT and those outside of critical care to support business cases and service development		
Demonstrate the ability to advocate for patients to ensure MDT goals are patient centred/led and patient / caregivers are involved in the process		
OUTCOME MEASURES		
Core:		
Demonstrate understanding of the role and importance of outcome measures within the critical care setting and along the critical care pathway for treatment optimisation and as data for service improvement or business cases		
Explain the limitations of current outcome measures within critical care and along the critical care recovery pathway		

Knowledge and Skills	Evidence	K&S Capability Achieved
To understand and demonstrate the difference between standardised assessments and outcome measures		
Demonstrate a good knowledge of evidence base and validation of functional outcome measures appropriate for the critical care unit e.g. Barthel, FIM-FAM, AusTOMs		
To utilise available functional outcome measures		
Demonstrate good knowledge of evidence base and validation of impairment-based outcome measure e.g. CPAX, UKROC – PCAT, PICUPS, rehab complexity scale (RCS)		
To work with ward and community therapists to use the same outcome measures where appropriate		
Ensure outcome measures used and results handed over to ward and community on step-down / discharge from critical care		

Knowledge and Skills	Evidence	K&S Capability Achieved
Advanced:		
Demonstrate selection and application of appropriate impairment-based outcome measures e.g. CPAX, UKROC – PCAT, PICUPS, rehab complexity scale (RCS) and clearly explain rationale to MDT		
Demonstrate selection and application of appropriate outcome measures e.g. Barthel & FIM-FAM and clearly explain rationale to MDT		
MULTIDISCIPLINARY WORKING		
Core:		
Understanding of the role of key critical care professionals (allied health professional, nurses, psychologists, doctors (intensivists, anaesthetists vs specialist teams), Specialist nurses (tissue viability, organ donation, Palliative Care)		
Demonstrate ability to explain the occupational therapy role in critical care and promote it to the MDT		
Ability to recognise when to liaise/refer to relevant MDT professionals		

Knowledge and Skills	Evidence	K&S Capability Achieved
Ability to attend MDT meeting/ward rounds, advocate for patient and communicate any relevant information		
Recognition of the unique role of occupational therapy and the focus on occupations. Ensuring therapy is focusing on more than impairments. Recognition of overlaps with other MDT professionals but able to highlight unique contribution or focus		
Working collaboratively with MDT colleagues and the ability to explain benefits of MDT working		
FAMILY INVOLVEMENT		
Core:		
Ability to educate family on the role of occupational therapy and treatment options		

Knowledge and Skills	Evidence	K&S Capability Achieved
Background knowledge of the evidence base demonstrating the importance of engagement of family in rehabilitation		
Ability to communicate with the family appropriately, to engage patient in appropriate rehabilitation and to ensure realistic expectations		
Demonstrate adherence to unit strategies to maintain confidentiality e.g. passwords		
Understanding of the benefits, complexity and limitations of involving the family in the patient care		
Demonstrate ability to provide education to family on physical, cognitive and functional changes and recovery pathways		

Knowledge and Skills	Evidence	K&S Capability Achieved
Demonstrate education of family, explanation of family involvement outside of therapy sessions and inclusion of family in treatment sessions (as appropriate)		
Demonstrate ability to signpost family/patient to appropriate sources of support e.g. ICU steps, HEADWAY, spinal association, IAPT, social services		
Handover		
Ensure the transfer of patients and the formal structured handover of their care is in line with NICE guideline (2007) [GC50] on the acutely ill patients in hospital. This should include formal handover of the individualised structured rehabilitation programme		

Suggested Evidence and Resources (This list is not exhaustive)	
Clinical evidence	• Anonymised patient records of complex patients and explanation / reflections pertaining to the occupational therapy management of the patient • Case reviews • Supervised documentation of discussions • Write up of joint sessions with supervisor or other disciplines • Feedback from colleagues / supervisor from observed / joint clinical sessions
Reflective evidence	• Reflective reports / feedback • Journal club reflection / evidence of critical appraisal • Witness statements • 360-degree review from colleagues / patients • Reflective reports from study opportunities
Objectives / appraisals	• Annual appraisal with objectives and personal development plan (PDP) • PDP and objectives completed in line with the K&S capability
Educational evidence	• Evidence of teaching / training sessions delivered with completed evaluation feedback forms • Study day / conferences attendance • Evidence of CPD and course certificates / reflective reports • Certificates from completion of higher education courses

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Glossary

Observations

ABG	Arterial blood gas
BP	Blood pressure
CVP	Central Venous Pressure
FiO2	Fraction of inspired oxygen
HR	Heart rate
MAP	Mean Arterial Pressure
SpO2	Saturation of peripheral oxygen
RR	Respiratory Rate

Respiratory

APRV	Airway pressure release ventilation
ARDS	Acute respiratory distress syndrome
BiPAP	Bilevel positive airway pressure
CPAP	Continuous positive airway pressure
EDAC	Excessive dynamic airway collapse
ETT	Endotracheal tube
HME	Heat and moisture exchangers
I:E ratio	Inspiratory: Expiratory ratio
MV	Mechanical ventilation
NIV	Non-invasive ventilation
PEEP	Positive end expiratory pressure
SIMV	Synchronised intermittent mandatory ventilation

Medical / Clinical Terminology

ACDF	Anterior Cervical Discectomy Fusion
AROM	Active range of movement
CNS	Central nervous system
COPD	Chronic obstructive pulmonary disease
CPE	Carbapenemase producing Enterobacteriaceae
ECG	Electrocardiography
ECHO	Echocardiogram
GBS	Guillian Barré Syndrome
GTN	Nitroglycerin
IAPT	Improving access to psychological therapies
ICD	Implantable cardioverter defibrillator
ICP	Intracranial pressure
IMCA	Independent mental capacity advocate
IV	Intravenous
MDT	Multidisciplinary team
MRSA	Methicillin-resistant staphylococcus aureus
MRI	Magnetic resonance imaging
Non-STEMI	Non-ST elevated myocardial infarction
PCA	Patient controlled analgesia
PCI	Percutaneous coronary intervention
PDOC	Prolonged disorder of consciousness
PICS	Post-intensive care syndrome

PICS-F	Post-intensive care syndrome Family
PRN	Pro re nata (taken as needed)
PROM	Passive range of movement
PTSD	Post-traumatic stress disorder
SLT	Speech and language therapists
SMART	Specific - Measurable - Achievable - Relevant - Time-Bound (Goals)
STEMI	ST segment elevated myocardial infarction
TAVI	Transcatheter aortic valve implantation
TB	Tuberculosis
TBM	Tracheobronchomalacia
TOE	Transoesophageal echocardiogram
TVN	Tissue viability nurse
VRE	Vancomycin-resistant enterococcus
VTE	Venous thromboembolism

Lines / Feeding

PICC	Peripherally inserted central catheter
NG	Nasogastric feeding tube
NJ	Nasojejunal feeding tube
PEG	Percutaneous endoscopic gastrostomy
PEJ	Percutaneous endoscopic jejunostomy
RIG	Radiologically inserted gastrostomy
RIJ	Radiologically inserted jejunostomy

Standardised Assessments / Outcome Measures

4AT	Delirium Assessment Tool
ACE III	Addenbrooke's Cognitive Examination (3)
AMTS	Abbreviated Mental Test
ArmA	Arm Activity Measure
ASIA	American Spinal Cord Association exam
AusTOMs	Australian Therapy Outcome Measure
CAM-ICU	Cognitive Assessment Method for Intensive Care Units
CPAx	The Chelsea Critical Care Physical Assessment Tool
CRS-R	Coma Recovery Scale Revised
DASH	The Disabilities of the Arm, Shoulder and Hand Questionnaire
FIM-FAM	Functional Independent Measure – Functional Assessment Measure
GCS	Glasgow Coma Scale
IPAT	Intensive Care Psychological Assessment Tool
MoCA	Montreal Cognitive Assessment
OCS	Oxford Cognitive Screen
O-Log	Orientation Log
PICUPS	The Post-ICU Presentation Screen

RASS	Richmond Sedation Scale
RCS	Rehab Complexity Scale
SMART	Sensory Modality Assessment and Rehabilitation Technique
PCAT	Patient Categorisation Tool
UKROC	UK Rehabilitation Outcomes Collaborative
WHIM	Wessex Head Injury Matrix

Professional Bodies / Guidelines

FICM	Faculty of Critical Care Medicine
HCPC	Health and Care Professions Council
ICS	Intensive Care Society
NICE	National Institute for Health and Care Excellence
RCOT	Royal College of Occupational Therapists
RCP	Royal College of Physicians
SCCM	Society of Critical Care Medicine
PADIS	Pain, Agitation, Sedation, Delirium, Immobility and Sleep Disruption
SIGN	Scottish Intercollegiate Guidelines Network

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