

## **Major Trauma Rehabilitation Prescription 2019 Adult patients**

**A first rehabilitation assessment should take place within 48-72 hours of the patient's admission and the Rehabilitation Prescription (2019) will have to be completed for all major trauma patients who need rehabilitation at discharge. All major trauma patients will require an evaluation of their rehabilitation needs and this process must be recorded on TARN. If the patient is found to have no rehabilitation needs, the full rehabilitation prescription outlined below does not need to be completed and the patient is still eligible for best practice tariff. For adult\* patients found to need rehabilitation, the following six actions must be taken:**

- 1. The Rehabilitation Prescription must be developed with the involvement of the patient and/or their family/carers**
- 2. Administered by specialist health care professional in rehabilitation\*\***
- 3. The Rehabilitation Plan must contain 8 core items \*\*\***
- 4. The Rehabilitation Plan must be discussed with the patient, where possible, and copies provided for them, their General Practitioner and the next care provider**
- 5. Completion of minimum rehabilitation data set\*\*\*\***
- 6. All the above recorded by TARN**

\* For best practice tariff, the adult rehabilitation prescription should be used for all patients who are aged 18 years or older on the day of their accident. It is recognized that some patients aged 16 or 17 years may choose to be, or be more appropriately managed by children's services. For this group of patients it is at the discretion of the clinical team to use either the children's or adult rehabilitation prescription. Patients injured before their 16th birthday should have the children's rehabilitation prescription.

\*\*Rehabilitation Prescription- should be completed by Health Care Professionals after a multidisciplinary team (MDT) assessment and signed off by senior staff members, at a minimum:  
- Specialist trainee in Rehabilitation Medicine **or**  
- Band-7 specialist rehabilitation clinician

\*\*\* The RP may be provided as a single document for both the patient and professionals or as two separate documents to be given on the point of discharge. The RP must contain, as a minimum standard, the following 8 core items:

1. Patient demographics
2. Actions for the GP and patient
3. A list of relevant injuries
4. A management list for each of these injuries
5. Ongoing rehabilitation needs
6. Services the patients has been referred to
7. A contact number for advice
8. A section where the patient can record their comments

The rehabilitation dataset that is collected (see below) may be provided to the patient but this is not a requirement for Best Practice and is at the discretion of the local clinical team.

MTC's will be asked to provide templates of their documentation to the CRG and audit of the updated RP will form part of the national peer review in 2019.

\*\*\*\* The minimum rehabilitation data set has three parts. All must be completed for best practice. The rehabilitation categories are defined to allow accurate data collection.

**Rehabilitation Prescription minimum dataset  
Adults**

**Part One: Employment (pre-accident)**

- Full or part-time education
- Employed
- Unemployed
- Child care / Carer
- Retired
- Other  
(homemaker, on disability benefits etc, who may term themselves as being unemployed)

**Part Two: Rehabilitation needs checklist**

**Physical impairment requiring rehabilitation**

- Brain injury with prolonged disorder of consciousness (PDOC i.e., vegetative or minimally conscious state)
- Brain injury without prolonged disorder of consciousness
  
- Tracheostomy weaning
  
- Spinal cord injury – ventilated
- Spinal cord injury – not ventilated
- Spinal fractures – no neurology
  
- Single complex fracture or dislocation
- Multiple fractures
- Amputee
- Brachial plexus injury / peripheral nerve injury
  
- Chest trauma
  
- Other

**Cognitive or mood disturbance requiring rehabilitation**

- Communication difficulties
- Cognitive difficulties
- Challenging behavior
  
- Mental Health difficulties pre-injury
- Mental Health difficulties post injury
  
- Emotional difficulties
- Other

<b>Psychosocial issues (that may impact rehabilitation)</b>
<input type="checkbox"/> Housing / accommodation <input type="checkbox"/> Drug / alcohol misuse <input type="checkbox"/> Complex medico-legal issues including best interest decisions, safeguarding and DOLS <input type="checkbox"/> Educational <input type="checkbox"/> Vocational/ job role requiring specialist vocational rehabilitation <input type="checkbox"/> Other

<b>Part Three: Rehabilitation destination</b>	
<b>What is the patient's rehabilitation need?</b>	
	<i>Optional to select category</i>
<input type="checkbox"/> Specialist inpatient	<input type="checkbox"/> Category A <input type="checkbox"/> Category B
<input type="checkbox"/> Specialist outpatient	<input type="checkbox"/> Multidisciplinary <input type="checkbox"/> Single discipline
<input type="checkbox"/> Non-specialist inpatient	<input type="checkbox"/> Category C
<input type="checkbox"/> Community Rehabilitation	<input type="checkbox"/> Specialist MDT <input type="checkbox"/> Generic MDT
<b>Are they being transferred to an appropriate facility? Y/N</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If no: What is the patient's destination?</b>	
<input type="checkbox"/> Transferred for ongoing medical or surgical needs  <input type="checkbox"/> Local hospital without specialist rehabilitation <input type="checkbox"/> Local hospital awaiting specialist rehabilitation  <input type="checkbox"/> Other inpatient rehabilitation than that recommended in the RP  <input type="checkbox"/> Care home without rehabilitation <input type="checkbox"/> Care home with rehabilitation  <input type="checkbox"/> Own home without rehabilitation <input type="checkbox"/> Own home with rehabilitation  <input type="checkbox"/> Mental health Unit without physical rehabilitation	
<b>If no: What is the reason for the variance?</b>	
<input type="checkbox"/> Service exists but access is delayed <input type="checkbox"/> Service does not exist <input type="checkbox"/> Service exists but funding is refused <input type="checkbox"/> Patient / carer declined <input type="checkbox"/> Ongoing medical or surgical needs requiring rehabilitation at later date	

*In the context of transfer or discharge from a Major Trauma Centre*

**Category A Rehabilitation Needs**

Patients who need specialist inpatient rehabilitation delivered by a multi-professional team led by a Consultant in Rehabilitation Medicine, and who have very complex rehabilitation needs. Patients may be medically unstable or potentially medically unstable and may still require direct inputs from their acute major trauma teams. They may require involvement of 5 or more therapy disciplines. Category A patients include those with tracheostomies who are being actively weaned, those who require ventilation, and those with Prolonged Disorder of Consciousness. Patients with brain injury who have severe cognitive deficits and highly challenging behaviours requiring rehabilitation have Category A needs.

**Category B Rehabilitation Needs**

Patients who need specialist inpatient rehabilitation delivered by a multi-professional team led by a Consultant in Rehabilitation Medicine, and who have complex rehabilitation needs. Patients are usually medically stable. The involvement of 4 therapy disciplines is required. Patients with stable tracheostomy who are not being weaned may have Category B needs. Patients with brain injury and cognitive deficits who can be managed in a structured environment have Category B needs.

**Category C Rehabilitation Needs**

Patients who do not have complex rehabilitation needs and require rehabilitation in a residential setting, which can be delivered by a non-specialist team in either a hospital or intermediate care facility. Up to 3 therapy disciplines may need to be involved. Most patients with musculoskeletal injuries who need inpatient rehabilitation will have Category C needs. The frail elderly who have complex medical needs are likely to have Category C rehabilitation needs.