

# UHCW NHS Trust Major Trauma Rehabilitation Pathway.

## Team .

- Specialist Rehabilitation Medicine Consultant of the week.  
(Rota consists of x4 Consultants. There is identified Major trauma time Tuesday to Friday within a rota including OP clinics and clinical cover for the Ward 42 Neurorehab Unit).
- 1 WTE Major Trauma Therapy Lead
- 3 WTE Major Trauma Rehabilitation Co-ordinators

New major trauma admissions are initially reviewed and their management needs co-ordinated by the acute Trauma Co-ordinators.

Poly trauma cases, cases in Critical Care and cases that are likely to require repatriation will have a major trauma summary letter initiated and this will be updated regarding key interventions and planning throughout the patient's pathway by the Trauma and Rehab co-ordinators.

Cases are recorded on major trauma CRRS list as 'acute' and on the caseload spreadsheet as 'KW -TC'.

Following a period of acute medical stabilisation the Trauma co-ordinators will either;

- Share the care with the Rehab co-ordinator overseeing cases in a determined bed base.  
This allows rehabilitation team oversee to begin while acute co-ordination is ongoing.  
Cases are recorded on major trauma CRRS list as 'acute/rehab' and on the caseload spreadsheet as 'KW – TC/ RC initials'.
- Hand the case over to the rehab co-ordinator overseeing cases in a determined bed base allowing rehabilitation needs to be addressed.  
Cases are recorded on major trauma CRRS list as 'rehab' and on the caseload spreadsheet as 'KW – RC initials'.

Rehabilitation Prescriptions are initiated for major trauma cases by the ward Therapy teams (OT/ PT) within 2 working days of admission and overseen by the Rehab co-ordinators. In core major trauma specialty areas (eg; Neurosurgery, T&O) the Rehabilitation Prescription is integrated into the Therapy assessment documents. Cases initially managed in Critical Care, Major trauma extended care unit, and those it is recognised will have complex rehabilitation needs, have an extended specialist Rehab Prescription completed. The Rehabilitation Prescriptions are paper based and held within the patient's current medical documentation.

Ward based Therapy teams within UHCW NHS Trust deliver the multidisciplinary rehabilitation identified in the Rehabilitation Prescription, overseen and assisted where possible by the Rehab co-ordinators.

All patients with brain injury follow a cognitive screening process undertaken by Psychologists following referral by the Rehab co-ordinators or by the ward based OT team. Regular PTA screening is carried out for all patients with post traumatic confusional states and outcomes documented in the medical notes. A pragmatic view is taken to the relevance of formal testing in those with a known history of cognitive deficit such as dementia.

A limited amount of trauma counselling is available and referrals are facilitated by the Rehab co-ordinators.

AMHATT (Acute mental health assessment triage team) are available to assess and initiate management of patients demonstrating new psychiatric presentations, neuro behavioural issues, and those with a known mental health conditions that are impacting on their current management.

Patients are identified and timetabled for Rehab Consultant of the week assessment and ongoing review by the Rehab co-ordinators independently and during the Tuesday/ Thursday acute and rehab co-ordinators caseload meeting (which is attended on a Tuesday by the Consultant of the week). The Rehab co-ordinators are present at the majority of these reviews to ensure communication of accurate information between clinicians, patient and family.

The Rehabilitation Consultant clinically assesses and advises on early rehabilitation requirements and follow up needs.

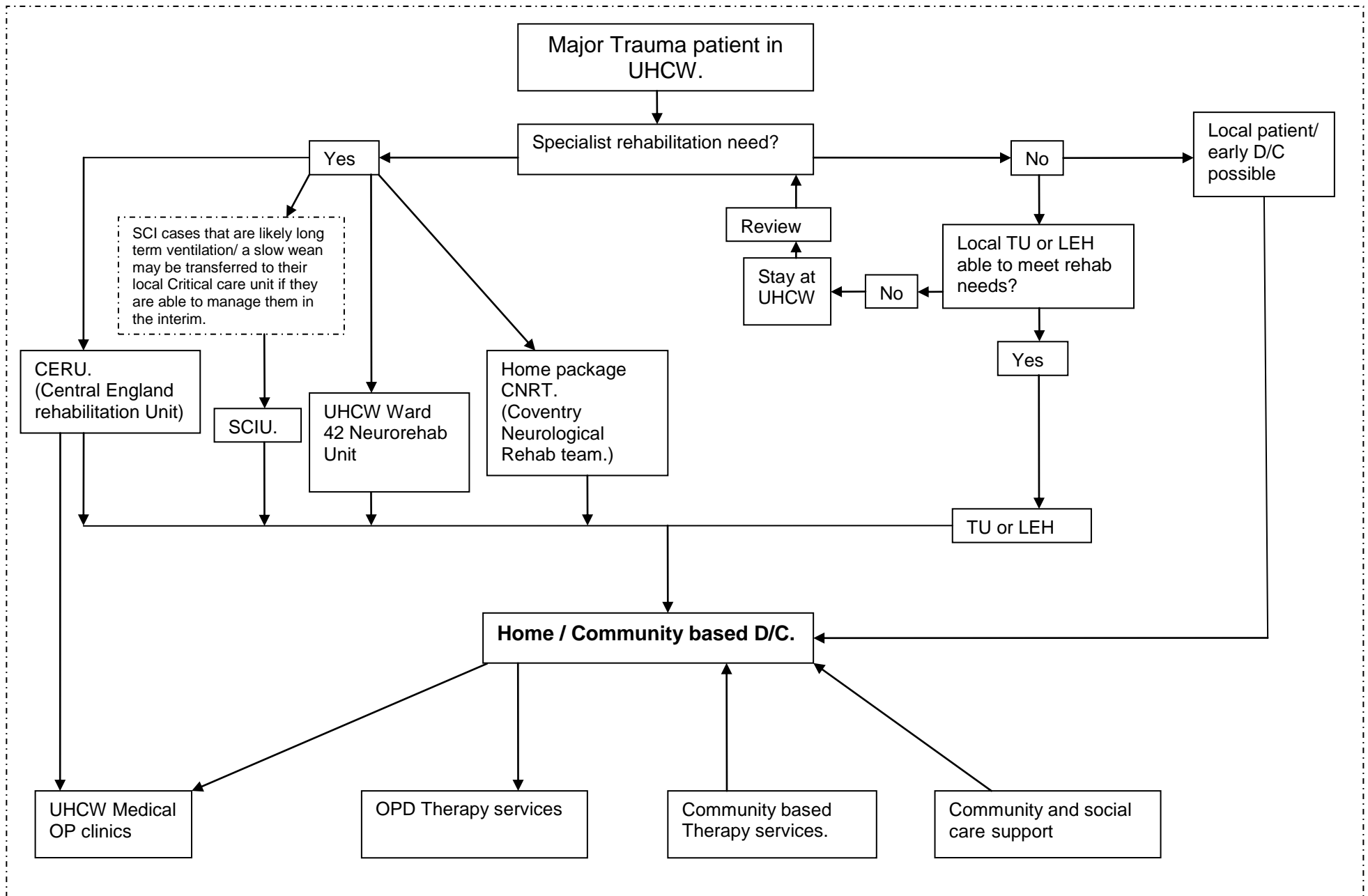
In addition they provide an OP traumatic brain injury follow up clinic to monitor the recovery of Coventry cases that have not required inpatient specialist rehabilitation.

They also assist in identifying an appropriate rehabilitation pathway direction and rehabilitation units to provide this for patients requiring specialist inpatient rehabilitation. When referring to Specialist rehabilitation services the Rehab co-ordinators send a copy of the extended Rehabilitation prescription and the major trauma summary letter via nhs.net or to a secure fax facility. At the point of transfer up to date copies are sent on to the accepting unit.

The Central England Rehabilitation Unit (CERU) provides specialist 'category A' rehabilitation. Rehab Consultant of the week will assess and accept suitable cases for CERU. This acceptance is communicated by the Rehab co-ordinators to the CERU Bed manager. Once the patient is medically stable and appropriate for transfer they are transferred to CERU within 24 hours. If the patient's needs are determined to be Category B the Rehab Consultant can, within defined criteria, accept them for the waiting list for admission to Ward 42 Neurorehab at UHCW NHS Trust.

Patients with spinal cord injury are referred as per the national guidelines and this is usually facilitated by the acute trauma co-ordinators as this process begins within hours of admission. UHCW NHS Trust is linked to Oswestry Spinal Cord Injury Unit and Stoke Mandeville Spinal Cord Injuries Unit. Cases at UHCW NHS Trust are shared with the Rehab co-ordinators to ensure Rehab Consultant involvement in their management.

## UHCW MTC ACUTE TO REHABILITATION PATHWAY.



## UHCW TO THE CENTRAL ENGLAND REHABILITATION UNIT FOR SPECIALIST REHABILITATION.

