Major Trauma Rehabilitation Prescription 2019 Children

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

- 1. The Rehabilitation Prescription for Children must be developed with the involvement of the patient and / or their family/carers
- 2. Administered by specialist health care professional in children's rehabilitation**
- 3. A Rehabilitation Plan which must contain 9 core items ***
- 4. The Rehabilitation Plan must be discussed with the patient where practical and with their parents/carers, 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 children's rehabilitation prescription should be used for all patients who are under the age of 16 years 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 on the day of their 18th birthday or afterwards should have the adult 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 a Band-7 specialist paediatric 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 for children must contain, as a minimum standard, the following 9 core items:
 - 1. Patient demographics
 - 2. A Safeguarding Assessment relating to the circumstance of the injuries
 - 3. Actions for the GP and / or community paediatric team plus parents/carer
 - 4. A list of relevant injuries
 - 5. A management list for each of these injuries
 - 6. Ongoing rehabilitation needs
 - 7. Services the patients has been referred to including an educational plan
 - 8. A contact number for advice
 - 9. A section where the patient and/or parent or carer can record their comments

The rehabilitation dataset that is collected (see below) may be provided to the patient or parents 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.

Rehabilitation Prescription minimum dataset Children

Part One: Education (pre-accident)

		Nursery Primary mainstream		
		Secondary mainstream		
		Special education school Home schooling		
		Other alternative educational placement		
L				
Part Two: Rehabilitation needs checklist				
Physical impairment requiring rehabilitation				
ľ		Physical needs, movement disorder		
		Brain injury with prolonged disorder of consciousness (PDOC i.e., vegetative or minimally conscious state)		
		Brain injury without prolonged disorder of consciousness Seizures – difficult to control		
		Tracheostomy +/- weaning programme		
		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		
		Communication difficulties Cognitive difficulties		
		Challenging behavior		
		Mental Health difficulties pre-injury		
		Mental Health difficulties post injury		
		Emotional difficulties		

	Other	
Psychosocial issues (that may impact rehabilitation)		
	Safeguarding concerns / other complex medico-legal issues Educational needs, requirement for Special Educational needs or Education,	
	Health Care Plan (EHCP) Complex medico-legal issues including best interest decisions, safeguarding and DOLS	
	Educational Vocational/ job role requiring specialist vocational rehabilitation Other	
Wh	no has legal parental responsibility for the child? Birth / adopted parents Social services	
	Special guardians Residency order Looked after child	
Where is the child domiciled?		
	Legal guardian Family / friends / carer Foster care Residential care	
	Gang involvement Other	
Pa	rt Three: Rehabilitation destination	
Wh	nat is the child's rehabilitation needs?	
Inp	atient specialist units	

What is the child's rehabilitation needs? Inpatient specialist units Children's Trust Tadworth Specialist spinal unit e.g. Stoke Mandeville / Southport Chailey Residential neuropsychiatry unit Regional inpatient paediatric neurodisability unit / SCIU Inpatient paediatric / paediatric surgical / paediatric orthopaedic Special school Home with community rehabilitation support Home with outpatient rehabilitation support

Yes

	No	
If n	io: What is the patient's destination?	
	Transferred for ongoing medical or surgical needs	
	Local hospital without specialist rehabilitation	
	Local hospital awaiting specialist rehabilitation	
	Other inpatient rehabilitation than that recommended in the RP	
	Special school without rehabilitation	
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	Own home without rehabilitation	
	Own home with rehabilitation	
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	Mental health Unit without physical rehabilitation	
If no: What is the reason for the variance?		
	Service exists but access is delayed	
	Service does not exist	
	Service exists but funding is refused	
	Patient / parent / carer declined	
	Ongoing medical or surgical needs requiring rehabilitation at later date	