

UHCW NHS Trust Major Trauma Rehabilitation Pathway.

MTS Inpatient team.

- Specialist Rehabilitation Medicine Consultants. (Rota consists of 4 Consultants. There is identified Major trauma time Monday to Friday within a UHCW roster that also includes OP clinics and clinical cover for the Ward 42 Neurorehab Unit).
- 1 WTE Major Trauma Therapy Lead.
- 3 WTE Major Trauma Rehabilitation Co-ordinators/ Keyworkers.

Major trauma admissions are initially reviewed and their management needs co-ordinated by the acute Trauma Co-ordinators. They are registered on the UHCW MT database. This is a record of relevant medical history, all injuries and current management plans and the patient's day to day progress. A MT summary letter can be created from the database for patients transferring to other hospitals/ to specialised rehabilitation. Following the period of acute medical stabilisation the Trauma co-ordinators hand the case over to the Rehab co-ordinators to oversee with a rehabilitation and discharge planning focus. Management of patients with acute spinal cord injury is an exception to this. These patients remain under the over-see of the acute co-ordinators for the duration of their stay at UHCW with rehab co-ordinator support where required.

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 the Rehabilitation Prescription is integrated into the Therapy assessment documents. Cases initially managed in Critical Care, the Major Trauma ECU, 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 nursing and 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 traumatic brain injury are managed following a cognitive screening process undertaken by Psychology/ Occupational therapy teams. 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 assessment and review by the Rehab co-ordinators. The Rehab co-ordinators are present at the majority of these reviews to ensure communication of accurate information between clinicians, patient and family.

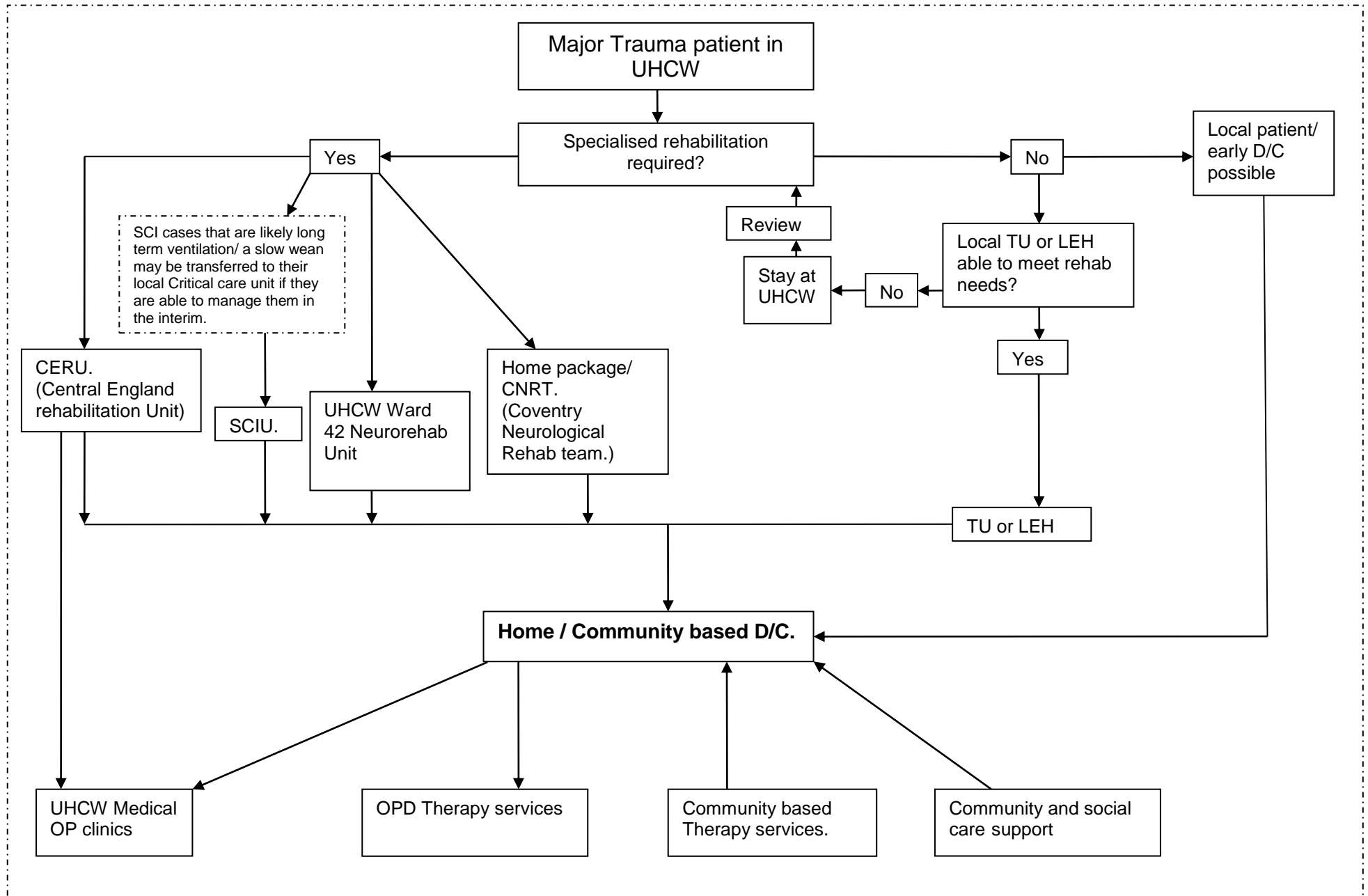
The Rehabilitation Consultant clinically assesses and advises on early rehabilitation requirements and follow up needs. In addition they provide an OP traumatic brain injury follow up clinic to monitor the recovery of Coventry cases that have not required inpatient specialist rehabilitation.

They also assist in identifying appropriate rehabilitation pathways 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 specialised 'Level 1' rehabilitation. The Rehab Consultant assesses and accepts 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 should be transferred to CERU within 24 hours. If the patient's needs are determined to be Level 2, the Rehab Consultant can accept them onto 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 facilitated by the acute trauma co-ordinators. Whilst undergoing acute management at UHCW patient care for this group of patient's is directed and documented using the UHCW traumatic spinal cord injury pathway. UHCW NHS Trust is linked to Oswestry Spinal Cord Injury Unit and Stoke Mandeville Spinal Cord Injuries Unit.

UHCW MTC: ACUTE TO REHABILITATION PATHWAY.



UHCW TO THE CENTRAL ENGLAND REHABILITATION UNIT FOR SPECIALISED REHABILITATION.

