BSRM Core standards for Specialist Rehabilitation following Major Trauma

1. BSRM standards for specialist rehabilitation within Major Trauma networks:

1.1 Rehabilitation Medicine (RM) Consultants should be closely involved both at a clinical level and in the planning and delivery of all Major Trauma Networks to support and direct rehabilitation for patients with complex needs. Within each Major Trauma Centre (MTC) an identified RM Consultant (or consultants) should be an integral part of the Major Trauma Centre (MTC) Team ^D Within each TU, an identified RM Consultant (or consultants) should be an integral part of the trauma service both for patients transferred out of MTCs and for patients who receive all of their trauma care within the TU

1.2 The above roles will normally involve a consultant in RM attending the MTC or TU at least 2-3 times per week, which should be written into their job plan.

1.3 The RM consultant should be involved from an early stage in the patient's trauma pathway (within 4 calendar days) to:

- assess patients with complex rehabilitation needs
- participate in the planning and execution of their interim care and rehabilitation
- expedite referral and transfer for on-going rehabilitation as soon as they are fit enough

1.4 At an operational level, key roles for the consultant should include:

- Overseeing the triage and identification of patients with complex rehabilitation needs, including training of MTC staff in the use of assessment tools
- Multidisciplinary wards rounds and team-based planning meetings
- Specific clinical interventions (eg spasticity management, assessing patients with prolonged disorders of consciousness etc)
- Case conferences and negotiation with third parties, including commissioners and rehabilitation service providers
- Providing information and support for patients' families

2. Specialist Rehabilitation Prescription:

2.1 Patients who have (or are likely to have) on-going complex physical, cognitive, communicative or psychosocial disability (category A or B needs) should be assessed by an RM Consultant (or their designated deputy) prior to discharge from the MTC.

(The designated deputy can be an individual who has specialist knowledge and training in rehabilitation to a consultant level, eg AHP Consultant in Rehabilitation who works within the specialist rehabilitation team and is authorised by the RM Consultant to sign off a specialist RP on their behalf).

(A tool has been developed to help MTC teams identify those patients likely to have category A or B needs and so refer them appropriately for specialist review – see Appendix 2 of main document on www.bsrm.co.uk/publications).

2.2 The RM Consultant (or their designated deputy) should complete a Specialist Rehabilitation Prescription (SRP) at discharge from the MTC.

2.3 The Specialist RP for patients with complex rehabilitation needs should provide a comprehensive record of the patient's injuries, psychosocial background, risks and treatment to date as well as a statement of their rehabilitation needs/ recommendations in sufficient detail to inform planning and delivery of on-going rehabilitation/care.

(Individual MTCs will develop their own paperwork, but the SRP should include all the headings included in the proforma which is provided as an exemplar for local adaptation (see Appendix 3 of main document, www.bsrm.co.uk)).

2.4 The Specialist RP for patients with complex rehabilitation needs should include as minimum the following data which should be entered into the UKROC database:

- 1. The Rehabilitation Complexity Extended Trauma version (RCS-E Trauma)
- 2. The full Patient Categorisation Tool to confirm category A or B needs
- 3. The Northwick Park nursing Dependency Scale (NPDS) (also translates to a Barthel Index)
- 4. The Trauma Impairment Set

2.5 As for the standard rehabilitation prescription, the specialist RP should travel with the patient and should be reviewed and updated at appropriate intervals (at least every 4-6 weeks), to record actions undertaken to implement the recommendations