



# Trauma System Implementation Programme

Rehabilitation Prescription

September 2024

Version 3.0

# HSE Rehabilitation Prescription Document

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**RP Signatories**

Name:	Role:	Signature & Initials:

Signature:

Date:

# Rehabilitation Prescription

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## A. Contents of the Rehabilitation Prescription

- **Section 1:** Demographic, Admission and Injury/Condition Details
- **Section 2:** Pre-Injury Information
- **Section 3:** Patient's Rehabilitation Needs (early assessment)
- **Section 4:** Post-injury Information – Summary of Current Impairments
- **Section 5:** Post-injury Information - current level of functioning
- **Section 6:** Patients Rehabilitation Needs (at time of discharge)
- **Section 7:** Details of Planning for Patient Transfer of Care
- **Section 8:** Contact Details

This section outlines functional domains that can be used to document how the patient's impairments are impacting on their current functioning. This informs goal setting and a management plan.

Where additional space is required to record information, select and identify the appropriate section(s) and document all information relevant to the patient using the free text headings:

**Section (number & title):** \_\_\_\_\_ **(provide details below).**

**Appendix 1:** Guide on Application of Rehabilitation Prescription including Scope and KPIs

**Appendix 2:** Full version of the Rehabilitation Complexity Scale – Extended Version 13. Prof Lynne TurnerStokes 05.04.2012

**Appendix 3:** List of suggested ongoing interventions or services that patient may require

**Appendix 4:** Complex Needs Checklist

**Appendix 5:** List of services for patients referrals on discharge

<sup>1</sup>This refers to Injury or condition (reason for admission)

## B. Instructions for Applying the Rehabilitation Prescription

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1. Sections 1 and 2 are to be completed for all major trauma patients<sup>2</sup> within 48 hours of admission to an inpatient ward.
2. If the patient does not require rehabilitation on discharge, then no further information is required.
3. If the patient is expected to discharge directly home, and requires ambulatory rehabilitation, at a minimum, section 3 must be completed and the rehabilitation prescription should be sent to the services the patient is referred to including the GP.
4. Sections 3 - 7 are to be completed for patients who require /may require post-acute inpatient rehabilitation.
  - Information from sections 4, 5 and 7 can be used as required to document information relevant to the patient.
  - Further information to support completion of the RP is available in appendices 1 to 4.
  - The rehabilitation prescription is to be completed in preparation for the patient's transfer out of acute hospital, regardless of where they initially transfer to, be it to another acute hospital, short-stay / residential care, home or directly to post-acute inpatients rehabilitation.
  - The RP must be sent to the receiving service / hospital and all services the patient is referred to including the GP.

<sup>2</sup>"A significant injury or injuries that are life-threatening or life-changing where it may result in disability".

## Section 1: Demographic, Admission and Injury/Condition Details

Demographic and Admission Information			
Date of Admission: _____		Date of Initial RP: _____	
		Time of initial RP: _____	
Given First name: _____		Family name: _____	
		Gender: M <input type="checkbox"/> F <input type="checkbox"/> Patients' Location: _____	
Address: _____		Eircode: _____	
DOB: _____		Allergies: _____	
Phone/Email: _____		Infection Control: _____	
MRN: _____		Advanced care plan incl. DNAR order: _____	
GP Name: _____		Phone: _____	
Contact Name: _____		Contact No: _____	
		Relationship: _____	
Medical Card: Yes <input type="checkbox"/> Number _____ No <input type="checkbox"/>			
Consultant: _____		Admitted from: _____	
Hospital: _____		Ward: _____	
Details of Injury / Condition			
<b>Injury type:</b>	<input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Abdominal <input type="checkbox"/> Amputation	<input type="checkbox"/> Burns <input type="checkbox"/> Vascular <input type="checkbox"/> Thoracic <input type="checkbox"/> Brain Injury	<input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Other
Initial GCS: /15 E ___ V ___ M ___		Date of Injury: _____	
<b>Mechanism of Injury and List of all Injuries /Condition</b>			
<b>Summary of Interventions to Date</b> (Specialists involved in patient care)			
<b>Progress, Management, and Complications</b> (VTE Prophylaxis* Yes <input type="checkbox"/> No <input type="checkbox"/> Include medication list *Mandatory for NRH referral)			
<b>Previous Medical History</b> (including mental health)			
Polypharmacy i.e. 5 or more medications pre-injury Yes <input type="checkbox"/> No <input type="checkbox"/>		ESDR* Yes <input type="checkbox"/> No <input type="checkbox"/> (*Mandatory for NRH referral)	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 2: Pre-Injury Information

Pre-Injury Information	
Category	Details to be included
1. Pre-Injury Information - Social History & Functioning Pre-Injury	
2. Home Environment	Lives Alone <input type="checkbox"/> Lives with Family/Friend <input type="checkbox"/> Please give details _____ Lives in: Apartment <input type="checkbox"/> Bungalow <input type="checkbox"/> Two-Storey <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other <input type="checkbox"/> _____ Property is: Privately owned <input type="checkbox"/> Local authority owned <input type="checkbox"/> Rented <input type="checkbox"/> Sheltered Housing <input type="checkbox"/> Homeless <input type="checkbox"/>
3. Pre-injury mobility Personal activities of daily living Instrumental activities of daily living Clinical Frailty Scale Score Home support services	Independent <input type="checkbox"/> Walking aid <input type="checkbox"/> With assistance <input type="checkbox"/> Wheelchair <input type="checkbox"/> Independent <input type="checkbox"/> With assistance <input type="checkbox"/> Dependant for all <input type="checkbox"/> Independent <input type="checkbox"/> With assistance <input type="checkbox"/> Dependant for all <input type="checkbox"/> _____ Y <input type="checkbox"/> N <input type="checkbox"/> Calls/day _____ days/week _____ Provider _____
4. Employment / Occupation / Leisure	Unemployed <input type="checkbox"/> Employed part-time <input type="checkbox"/> Employed full-time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/>

## Section 3: Patient's Rehabilitation Needs (early assessment)

**Patient's Rehabilitation Needs** (on completion of initial assessment within 48 hours of admission to inpatient ward)

### Rehabilitation Complexity Scale-Extended

Rate care and risk but only score one. Score both risk and care and **use the highest score**

	0	1	2	3	4
Medical	Non-active	Basic investigation/ monitoring/ treatment	Specialist intervention for diagnosis / management	Potentially unstable condition	Acute medical/surgical problem
Care	Independent	1 carer	2 carers	≥ 3 carers	1:1 supervision
Risk	None	Low risk	Medium risk	High risk	Very high risk
Nursing	None	Qualified	Rehab Nurse	Specialist Nurse	High Dependency
Therapy Disciplines	None	1	2-3	4-5	≥ 6
Therapy Intensity	None	Low level (< daily, < 15 hrs/wk)	Moderate (daily, 15-24 hrs/wk)	High (daily + assistant) 25-30 hrs/wk	Very high (daily + 2 qualified/twice daily, >30hrs/wk)
Equipment Needs	No need for specialist equipment	Requires basic special equipment (off the shelf)	Requires highly specialist equipment		
<b>RCS-E Score: C ___ N ___ M ___ Td ___ Ti ___ E ___ Total ___ /22</b>					

The full version of the RCS-E is available in Appendix 1 to assist with scoring

### Professions required to support identified needs and ensure referral to the same

<input type="checkbox"/> Orthogeriatrician	<input type="checkbox"/> Geriatrician	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Palliative Medicine
<input type="checkbox"/> Rehabilitation Medicine	<input type="checkbox"/> Speech and Language Therapy	<input type="checkbox"/> Medical Social Worker	<input type="checkbox"/> Rehabilitation Coordinator	<input type="checkbox"/> Vocational Rehab/Assessment
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Dietician	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Neuropsychologist	<input type="checkbox"/> Orthotist
<input type="checkbox"/> Neuropsychiatrist	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Clinical Nurse Specialist	<input type="checkbox"/> Tissue Viability	<input type="checkbox"/> Pain Team
<input type="checkbox"/> Prosthetist	<input type="checkbox"/> Podiatrist			

### Rehabilitation Services Required

- Tertiary Complex Specialist Rehabilitation (National Rehabilitation Hospital)
- Specialist Inpatient Rehabilitation Services (Geriatric & Rehabilitation Medicine led)
- Community Rehabilitation Services
- No Rehabilitation

Signature:

Date:

## Section 4: Post-injury Information – Summary of Current Impairments

### Post-injury Information

#### Summary of Current Impairments (record n/a where relevant)

Neurological	Motor Loss	Sensory Loss		Muscle Tone	Joint Range
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Normal <input type="checkbox"/> Impaired <input type="checkbox"/>	Normal <input type="checkbox"/> Impaired <input type="checkbox"/>
	Consciousness	Vision	Hearing	Low level awareness	Communication
		Intact <input type="checkbox"/> Impaired <input type="checkbox"/>	Intact <input type="checkbox"/> Impaired <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Intact <input type="checkbox"/> Impaired <input type="checkbox"/>
	Cognition	Post-traumatic Amnesia		Mood	Anxiety/ Distress
	Intact <input type="checkbox"/> Impaired <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Normal <input type="checkbox"/> Impaired <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Respiratory	Assisted Ventilation	Tracheostomy		Oxygen Support	Mgt/Weaning Plan
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nutrition & Swallow	MUST Score:		Special Diet Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetic Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Swallow	Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Nil per oral <input type="checkbox"/> DOSS _____			
	Food Consistency	Food: level _____ Drink: level _____ (As per IDDSI)			
	Enteral/Parenteral	NG <input type="checkbox"/> PEG <input type="checkbox"/> RIG <input type="checkbox"/> TPN <input type="checkbox"/>			
	Feeding	Independent <input type="checkbox"/> Requires assistance <input type="checkbox"/>			
Continenence & Skin	Bladder		Bowel		Skin
	Catheter Yes <input type="checkbox"/> No <input type="checkbox"/> Independent with: toilet/commode/urinal <input type="checkbox"/> Requires assistance: Assist + 1 <input type="checkbox"/> Assist + 2 <input type="checkbox"/>		Independent with: toilet/commode <input type="checkbox"/> Requires assistance: Assist + 1 <input type="checkbox"/> Assist + 2 <input type="checkbox"/>		Waterlow Score: _____ Braden Score: _____ Pressure Sore Yes <input type="checkbox"/> No <input type="checkbox"/> Grade/location:
Mobility	Sitting Out	Transfers		Walking	Washing & Dressing
	Standard Chair <input type="checkbox"/> Special Seating <input type="checkbox"/> Unable <input type="checkbox"/>	Independent <input type="checkbox"/> Assist +1 <input type="checkbox"/> Assist + 2 <input type="checkbox"/> Hoisted <input type="checkbox"/>		Independent <input type="checkbox"/> Assist + 1 <input type="checkbox"/> Assist + 2 <input type="checkbox"/> Unable <input type="checkbox"/>	Independent <input type="checkbox"/> Assisi + 1 <input type="checkbox"/> Assist + 2 <input type="checkbox"/>
Weight Bearing	<b>Upper limbs:</b>				
	<b>Lower limbs:</b>				
Equipment	<input type="checkbox"/> Orthotics/prosthetics/splints <input type="checkbox"/> Mobility aids/transfer equipment <input type="checkbox"/> Specialist seating <input type="checkbox"/> Bed/posture management <input type="checkbox"/> Activities of daily living equipment <input type="checkbox"/> Other (e.g. environmental controls)				

## Section 5: Post-injury Information – Current Level of Functioning (record n/a where relevant)

### Cognition, Behaviour, Mood

Orientation, memory (PTA), executive functioning, perception, anxiety, depression, compliance, etc.

### Communication

Comprehension, expression, vision, hearing, reading, etc. Language (interpreter required).

### Respiratory Functioning

Details on ventilation, weaning, oxygen support, suctioning, infection status, etc.

### Continence and Skin

Level of assistance/devices/medication required to manage bladder and bowel. Details on skin condition and management

### Nutrition and Swallow

Include weight/BMI, swallow studies, and ability to feed. Management plan for impaired swallow.

### Mobility and ADL's

Details on musculoskeletal, weight-bearing, sensorimotor, spasticity, pain, contractures, and fatigue. Include level of assistance, equipment, and ongoing management.

### Risks Identified

Medically unstable  include medical report

Falls Risk

Seizures

Purposeful Walking

Requires 1:1 care  Supervision

Distressed Behaviours:  
Verbally  Physically

High BMI  Low BMI

Safeguarding

### Equipment Needs

Standard or bespoke. Seating, transfers/mobility aids, environmental controls, etc.

### Psychosocial

Include patient/family wishes. Immigration/residency, safeguarding (TUSLA), forensic history.

Alcohol / Smoking/ Drug or Substance Misuse.

### Outcome Measures

Please complete a Quality of Life Measure and at least one functional outcome measure.

<input type="checkbox"/> FIM+FAM	<input type="checkbox"/> Barthel Index	<input type="checkbox"/> SCIM
<input type="checkbox"/> Satisfaction with Life Scale	<input type="checkbox"/> New Mobility Score	<input type="checkbox"/> WHIM
<input type="checkbox"/> EQ-5D-5L	<input type="checkbox"/> NPDS	<input type="checkbox"/> NIS
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

FIM+FAM: Functional Independence Measure + Functional Activity Measure. SCIM: Spinal Cord Independence Measure. EQ-5D-5L: European Quality of Life 5 Dimension. NPDS: Northwick Park Dependency Scale. WHIM Wessex Head Injury Matrix. NIS Neurological Impairment Scale

Signature:

Date:



### Anticipated challenges that may impact discharge

E.g., home environment, unstable medical status, etc.

## Section 6: Patients Rehabilitation Needs (at time of discharge)

### Patients Rehabilitation Needs (On Discharge)

Discharge RCS-E \_\_\_\_ / 22

Does the patient have COMPLEX ongoing clinical needs for rehabilitation Yes  No

If the patient has complex ongoing rehabilitation needs, please identify these needs using the Complex Needs Checklist (CNC) in Appendix 4

#### Rehabilitation Services Required (Categorisation of Rehabilitation Services)

- Tertiary Complex Specialist Rehabilitation (National Rehabilitation Hospital)
- Specialist Inpatient Rehabilitation Services (Geriatric & Rehabilitation Medicine led)
- Community Rehabilitation Services
- No Rehabilitation

#### Ongoing Rehabilitation Needs

List available for use in appendix 3

E.g. Mobility, ADL's, Nutrition, Cognitive Rehabilitation, Orthotics etc.

## Section 7: Details of Planning for Patient Transfer of Care

Please identify support services / agencies / applications that patient will require to support their transfer of care from acute hospital, and the status of referrals. E.g. PHN, Disability Manager, IWA, NHSS, Home support services etc.

A table listing support services and referrals is available for use in appendix 5.

### Support Services Required for Planning for Transfer of Care

Onward Referrals	Recommended	In Progress	Completed
Applications			

Additional Information / Patient Comments i.e. *5 Things That Matter Most To You* (Please list additional documents attached with the RP)

## Section 8: Contact Details

Include contact person in referring hospital & services who received Rehabilitation Prescription

Contact Details of Key Worker / Lead Professional and other Healthcare Professionals			
Name _____	Initials ____	Profession _____	Contact _____
Name _____	Initials ____	Profession _____	Contact _____
Name _____	Initials ____	Profession _____	Contact _____
Name _____	Initials ____	Profession _____	Contact _____
Name _____	Initials ____	Profession _____	Contact _____
Name _____	Initials ____	Profession _____	Contact _____
Name _____	Initials ____	Profession _____	Contact _____
<b>Confirmation of RP sent:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Date RP Sent:</b> _____			
Agencies RP sent to (must be sent to GP):			
GP Name/Contact: _____	Date sent: _____		
Service: _____	Date sent: _____		
Service: _____	Date sent: _____		
Service: _____	Date sent: _____		
Service: _____	Date sent: _____		
Service: _____	Date sent: _____		

Where additional space is required to record information, select and identify the appropriate section(s) and document all information relevant to the patient using the below free text headings:

**Section (number & title):** \_\_\_\_\_ (provide details below)

Signature:

Date:

Where additional space is required to record information, select and identify the appropriate section(s) and document all information relevant to the patient using the below free text headings:

**Section (number & title):** \_\_\_\_\_ (provide details below)

**Category (number & title)/Section:** \_\_\_\_\_ (provide details below)

Signature:

Date:

Category (number & title)/Section: \_\_\_\_\_ (provide details below)

Signature:

Date:

# Appendix 1: Guide on Application of Rehabilitation Prescription

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## A. Contents of the Rehabilitation Prescription

- **Section 1:** Demographic, admission and injury details
- **Section 2:** First rehabilitation assessment, early assessment of need
- **Section 3:** Pre-Injury<sup>1</sup> Information - describes patient's baseline functional and psycho-social status
- **Section 4:** Post-Injury Information - summary of current impairments
- **Section 5:** Post-injury Information - current level of functioning

This section outlines functional domains that can be used to document how the patient's impairments are impacting on their current functioning. This informs goal setting and a management plan. Where additional space is required to record information, select and identify the appropriate section(s) and document all information relevant to the patient using the free text headings:

**Section (number & title):** \_\_\_\_\_ (provide details below).

Use as many of these as required to document the patient information

- **Section 6:** Assessment of rehabilitation needs, at time of discharge
- **Section 7:** Details on planning patient transfer of care
- **Section 8:** Contact details

**Appendix 1:** Full version of the Rehabilitation Complexity Scale – Extended Version 13. Prof Lynne TurnerStokes 05.04.2012

**Appendix 2:** List of suggested ongoing interventions or services that patient may require

**Appendix 3:** Complex Needs Checklist

**Appendix 4:** List of services for patients referrals on discharge

<sup>1</sup>This refers to Injury or condition (reason for admission)

## B. Instructions for Applying the Rehabilitation Prescription

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1. Sections 1 and 2 are to be completed for all major trauma patients<sup>2</sup> within 48 hours of admission to an inpatient ward.
2. If the patient does not require rehabilitation on discharge, then no further information is required.
3. If the patient is expected to discharge directly home, and requires ambulatory rehabilitation, at a minimum, section 3 must be completed and the rehabilitation prescription should be sent to the services the patient is referred to including the GP.
4. Sections 3 - 7 are to be completed for patients who require /may require post-acute inpatient rehabilitation.

- Information from sections 4, 5 and 7 can be used as required to document information relevant to the patient.
- Further information to support completion of the RP is available in appendices 1 to 4.
- The rehabilitation prescription is to be completed in preparation for the patient's transfer out of acute hospital, regardless of where they initially transfer to, be it another acute hospital, short-stay / residential care, home or directly to post-acute inpatients rehabilitation.
- The RP must be sent to the receiving service / hospital and all services the patient is referred to including the GP.

## C. Scope for Rehabilitation Prescription for Trauma Patients

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Major Trauma<sup>2</sup> can be defined as:

“A significant injury or injuries that are life-threatening or life-changing where it may result in disability”.

### Scope:

- Patients who sustain an isolated hip fracture do not require a RP as they are eligible for the hip fracture pathway of care.
- Patients who sustain another serious injury in addition to a hip fracture are major trauma patients. It is important to consider older peoples response to traumatic injuries, older or frail individuals may experience more severe consequences to their injury(ies).
- Patients who undergo a Comprehensive Geriatric Assessment (CGA) do not require Section 1 to be completed to avoid duplication of information. The remainder of the RP should be completed in addition to the CGA for major trauma patients as per above guidance. At a minimum sections 2 and 6 of the RP must be completed to support the CGA process.

## Appendix 2

### RCS Version 13. Prof Lynne Turner-Stokes 05.04.2012 The Rehabilitation Complexity Scale – Extended (RCS-E)

For each subscale, circle highest level applicable

#### CARE or RISK

Describes the level of support the patient needs for either basic self care or to maintain their safety

**NB: If not sure which to record, rate both CARE and RISK and use highest score**

#### BASIC CARE AND SUPPORT NEEDS

Includes assistance for basic care activities (either physical help or standby supervision)

Includes washing, dressing, hygiene, toileting, feeding and nutrition, maintaining safety, etc.

C 0	Largely independent. Manages basic self-care tasks largely by themselves. May have incidental help just to set up or to complete – e.g. application of orthoses, tying laces, etc
C 1	Requires help from 1 person for most basic care needs i.e. for washing, dressing, toileting, etc. May have incidental help from a 2 <sup>nd</sup> person – e.g. just for one task such as bathing
C 2	Requires help from 2 people for the majority of their basic care needs
C 3	Requires help from ≥3 people for basic care needs
C 4	Requires constant 1:1 supervision e.g. to manage confusion and maintain their safety

#### RISK- COGNITIVE / BEHAVIOURAL NEEDS

(An alternative care primarily for 'walking wounded' patients who may be able to manage all/most of their own basic care, but there is some risk for safety e.g. due to confusion, impulsive behaviour or neuropsychiatric disturbance)

Includes supervision to maintaining safety or managing confusion e.g. in patients to have a tendency to wander, or managing psychiatric / mental health needs.

R 0	No risk – Able to maintain their own safety and to go out unescorted  Able to maintain their own safety at all times
R 1	Low risk – Standard precautions only for safety monitoring within a structured environment but requires escorting outside the unit  Maintains own safety within a structured environment, requiring only routine checks, but requires accompanying when outside the unit
R 2	Medium risk – Additional safety measures <u>OR</u> managed under MHA section  Additional safety measures even within a structured environment, e.g. alarms, tagging, or above standard monitoring (e.g. 1-2 hourly checks)  OR managed under section of the Mental Health Act (time for additional paperwork, etc)
R 3	High risk –Frequent observations (may also be managed under MHA section)  Needs frequent observations even within a structured environment, e.g. ½ -1 hourly checks, or 1:1 supervision for part(s) of the day/night
R 4	Very high risk - Requires constant 1:1 supervision  Needs 1:1 supervision all of the time

SKILLED NURSING NEEDS Describes the level of skilled nursing intervention from a qualified or specialist trained nurse		
N 0	No needs for skilled nursing – needs can be met by care assistants only	Tick nursing disciplines required:
N 1	Requires intervention from a qualified nurse (with general nursing skills and experience) e.g. medication, wound/stoma care, nursing obs, enteral feeding, setting up IV infusion, etc	Registered General Nurse
N 2	Requires intervention from nursing staff who are trained and experienced in rehabilitation e.g. for maintaining positioning programme, walking / standing practice, splint application, psychological support	Rehab-trained Nurse Mental Health Nurse Palliative Care Nurse
N 3	Requires highly specialist nursing care e.g. for very complex needs such as <ul style="list-style-type: none"> <li>Management of tracheostomy / Management of challenging behaviour / psychosis / complex psychological needs</li> <li>Highly complex postural, cognitive or communication needs</li> <li>Vegetative or minimally responsive states, locked-in syndromes</li> </ul>	Specialist Nurse (CNS, ANP) (e.g. MS, PD, MND)
N 4	Requires high dependency specialist nursing (high level nursing skills <u>and</u> intensive input) e.g. medically unstable, requiring very frequent monitoring/ intervention by a qualified nurse - hourly or more often, (usually also specialist training e.g. IV drug administration or ventilation etc).	Other
MEDICAL NEEDS Describes the approximate level of medical care environment for medical/surgical management		
M 0	No active medical intervention - Could be managed by GP on basis of occasional visits	Tick medical interventions required:
M 1	Basic investigation / monitoring / treatment (Requiring non-acute hospital care, could be delivered in a community hospital with day time medical cover) i.e. requires only routine blood tests / imaging. Medical monitoring can be managed through review by a junior medic x 2-3 per week, with routine consultant ward-round + telephone advice( if needed)	Blood tests Imaging (CT / MRI) Other Investigation State type.....
M 2	Specialist medical / psychiatric intervention - for diagnosis or management/procedures (Requiring in-patient hospital care in DGH or specialist hospital setting) i.e. requires more complex investigations, or specialist medical facilities e.g. dialysis, ventilatory support. Frequent or unpredictable needs for consultant input or specialist medical advice, surgical intervention, psychiatric evaluation/treatment	Medication adjustment / monitoring Surgical procedure (e.g. tenotomy) State type.....
M 3	Potentially unstable medical /psychiatric condition - Requiring 24 hour on-site acute medical / psychiatric cover (depending on type of need) Potentially unstable: May require out-of-hours intervention – e.g. for uncontrolled seizures, immuno-compromised condition, or for psychiatric medical adjustment / emergency risk assessment, etc) Needs to be managed in a setting where there is on-site 24 emergency medical /psychiatric cover	Medical procedure (e.g. Botulinum toxin) State type..... Specialist opinion State discipline.....
M 4	Acute medical / surgical problem (or psychiatric crisis) - Requiring emergency out-of-hours intervention Requires acute medical/surgical care e.g. infection, acute complication, post surgical care i.e. involvement of the 24 hour medical (or surgical or psychiatric) services, whether on a planned or unplanned basis	Medico-legal or capacity issues Other.....

Signature:

Date:



<b>THERAPY NEEDS</b> Describes the: a) number of different <u>therapy</u> disciplines required and b) intensity of treatment Includes individual or group-based session run by therapists, but <u>NOT rehabilitation input from nursing staff</u> which is counted in N2. (N.B. The Northwick Park Therapy Dependency Assessment (NPTDA) can be used to calculate total therapy hours in more complex cases and provide more detailed information regarding time for each discipline, etc. It also includes quantitative information on the rehabilitation time provided by nursing staff)			
Therapy Disciplines: State number of different therapy disciplines required to be actively involved in treatment			
TD 0	0 – no therapist involvement	<b>Tick therapy disciplines required:</b>	
TD 1	1 discipline only	Physio O/T SLT Dietetics Social Work Other	Psychology Counselling Music/art therapy Play therapy/school Vocational Assessment Recreational therapy Other
TD 2	2-3 disciplines		
TD 3	4-5 disciplines		
TD 4	≥6 disciplines		
Therapy Intensity: State overall intensity of <u>trained</u> therapy intervention required from team as a whole			
TI 0	No therapy intervention (Or a total of <1 hour therapy input per week - Rehab needs are met by nursing/care staff or self-exercise programme)		
TI 1	Low level – less than daily (e.g. assessment / review / maintenance / supervision) <u>OR</u> Group therapy sessions only (i.e. Patient does not receive therapy sessions every day (or has <1 hour therapy per day) This usually means that a) they currently have mainly needs for care, nursing or medical treatment, or b) they are on a low intensity review only or group-based programme, or c) they are on a winding-down programme in preparation for discharge)		
TI 2	Moderate – daily intervention - individual sessions with one therapist to treat for most sessions <u>OR very intensive</u> Group programme of ≥6 hours/day (i.e. Patient may have treatment from a number of different therapists (see TD), but is treated by one therapist at a time They will normally have therapy sessions every day 5 days a week, for a total of 2-3 hours per day (some of which may be periods of self-exercise under distant supervision if they are able) Or they have therapy in group based sessions on a very intensive basis (> 6 hours per day spent in group sessions)		
TI 3	High level – daily intervention with therapist PLUS assistant and/or additional group sessions Patient requires a second pair of hands for some treatment sessions, treatments ( e.g .physical handling) and so is treated by a therapist with an assistant (who may be unqualified) <u>OR</u> they require an intensive programme ≥25 hours of total therapy time per week, (e.g. 4-5 hours per day 5 days per week) some of which may be sessions with a therapy assistant, or group-based sessions in addition to their individual daily therapy programme		
TI 4	Very High level – very intensive (e.g. 2 trained therapists to treat, or total 1:1 therapy >30 hrs/week) Patient has very complex therapy needs requiring two trained therapists at a time (with or without a 3 <sup>rd</sup> assistant) e.g. for complex physical handling needs, management of unwanted behaviours, etc <u>OR</u> they require a very intensive programme involving > 30 hours of total therapy time per week		
Total	Total T score (TD + TI) :.....		

<b>EQUIPMENT NEEDS</b> Describes the requirements for personal equipment			
E 0	No needs for special equipment	Basic Special Equipment	Highly Specialist Equipment
E 1	Requires basic special equipment (off the shelf)	Wheelchair/seating Pressure cushion Special mattress Standing frame Off-shelf orthotic Other.....	Environmental control Communication aid Customised seating Customised standing aid Customised orthotic Assisted Ventilation Other.....
E 2	Requires highly specialist equipment (e.g. Electronic assistive technology or highly customized equipment that is made or adapted specifically for that individual)		

## RCS v 13 – extended: Service Summary Sheet

<b>CENTRE DETAILS</b>	
Name of centre	
No of neuro-rehab beds	
Type of service	Complex specialised rehabilitation service
	Specialist rehabilitation service
	General rehabilitation service
Sample of patients	All current in-patients Selected sample from a total of .....

REHABILITATION COMPLEXITY SCORES for current in-patients: Date:.././...

No.	Patient	Care	Risk	Nursing	Medical	Therapy		Equip	Total 0-22	Comment
		C 0-4	R 0-4	N 0-4	M 0-4	TD 0-4	TI 0-4	E 0-2		
1										
2										
3										
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Signature:

Date:

Photocopy if necessary to include further patients. NB. Total RCS score = sum of C or R (use highest score) + N, M, TD, TI & E

## Appendix 3

List of suggested ongoing interventions or services that patient may require

Ongoing Rehabilitation Needs	Comments
<input type="checkbox"/> Medical assessment/Management	
<input type="checkbox"/> Mobility	
<input type="checkbox"/> ADL's	
<input type="checkbox"/> Pain Management	
<input type="checkbox"/> Neurorehabilitation	
<input type="checkbox"/> Spasticity Management	
<input type="checkbox"/> Postural Management/Contractures	
<input type="checkbox"/> Specialist Seating	
<input type="checkbox"/> Orthotics	
<input type="checkbox"/> Splinting	
<input type="checkbox"/> Wound Management	
<input type="checkbox"/> Respiratory Management	
<input type="checkbox"/> Swallow	
<input type="checkbox"/> Nutrition	
<input type="checkbox"/> Continence	
<input type="checkbox"/> Disability Management	
<input type="checkbox"/> Palliative Medicine	
<input type="checkbox"/> Cognitive Rehabilitation	
<input type="checkbox"/> Communication	
<input type="checkbox"/> Behavioural Support	
<input type="checkbox"/> Psychological Support	
<input type="checkbox"/> Psychiatric	
<input type="checkbox"/> Environmental Assessment	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Pharmacy	
<input type="checkbox"/> Prosthetics	
<input type="checkbox"/> Amputee Rehabilitation	
<input type="checkbox"/> Social Care	
<input type="checkbox"/> Vocational	
<input type="checkbox"/> Carer training/education	
<input type="checkbox"/> Education	
<input type="checkbox"/> Safeguarding	
<input type="checkbox"/> Other	

## Appendix 4

### Complex Needs Checklist (CNC)

If the patient has complex ongoing rehabilitation needs, please identify these needs using the below CNC

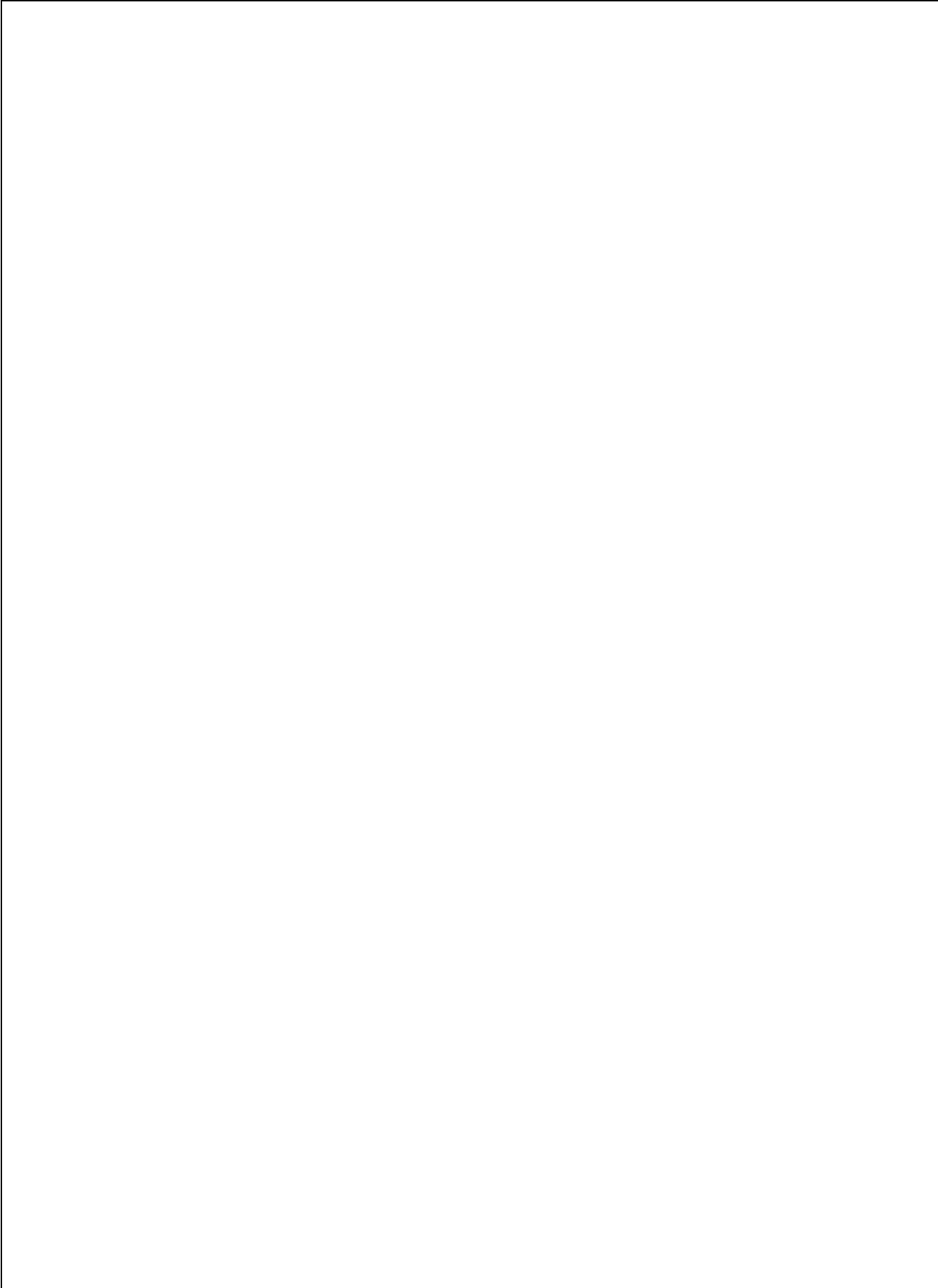
Complex Needs Checklist		
Discharge RCS-E	___ / 22	
Does the patient have COMPLEX ongoing clinical needs for rehabilitation Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please click all that apply - <b>Complex Needs Checklist (CNC)</b>		
Complex Physical e.g.	Complex Cognitive / Mood e.g.	Complex psychosocial e.g.
<input type="checkbox"/> Complex neuro-rehabilitation <input type="checkbox"/> Prolonged Disorder of Consciousness <input type="checkbox"/> Tracheostomy weaning <input type="checkbox"/> Ventilatory support <input type="checkbox"/> Complex nutrition/swallow issues <input type="checkbox"/> Profound disability/neuro-palliative rehabilitation <input type="checkbox"/> Intrathecal baclofen pump <input type="checkbox"/> Neuro-psychiatric rehabilitation <input type="checkbox"/> Post ICU syndrome <input type="checkbox"/> Complex MSK management <input type="checkbox"/> Complex amputee rehabilitation needs <input type="checkbox"/> Complex pain management <input type="checkbox"/> Specialist bespoke equipment needs <input type="checkbox"/> Other	<input type="checkbox"/> Complex communication support <input type="checkbox"/> Cognitive assessment/management <input type="checkbox"/> Challenging Behaviour management <input type="checkbox"/> Risk Management <input type="checkbox"/> Mental Health difficulties Pre-injury <input type="checkbox"/> Post-injury <input type="checkbox"/> <input type="checkbox"/> Mood evaluation/ psychological support <input type="checkbox"/> Major family distress/support <input type="checkbox"/> Emotional load on staff <input type="checkbox"/> Other	<input type="checkbox"/> Complex discharge planning e.g. <input type="checkbox"/> Housing/placement issues <input type="checkbox"/> Major financial issues <input type="checkbox"/> Uncertain immigration status <input type="checkbox"/> Drugs/alcohol misuse <input type="checkbox"/> Complex medico-legal issues (Best interest issues, safeguarding) <input type="checkbox"/> Vocational/job role requiring specialist vocational rehab <input type="checkbox"/> Other

## Appendix 5

### Support Services Required (list to support discharge planning / referrals)

Planning for Transfer of Care			
Onward Referrals	Recommended	In Progress	Completed
Public Health Nurse			
Complex Discharge Planner (Neurorehab)			
Disability Manager			
Primary Care Team			
Community Occupational Therapist – Home Environmental Visit			
Advocacy Body			
Irish Wheelchair Association			
Spinal Injuries Ireland			
Acquired Brain Injury Ireland			
Headway Ireland			
Maternity Services			
TUSLA			
Other Voluntary Organisations			
Applications			
Medical Card			
Benefits (Income)			
Rental Allowance			
Home Support Services			
Home Adaptation Grant			
Nursing Home Support Scheme			
Long Term Care Facility			
Residency Status			
Other			
<b>Additional Information / Patient Comments i.e. What is important to you?</b> (Please list additional documents attached with the RP)			

Category (number & title)/Section: \_\_\_\_\_ (provide details below)

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide details as indicated in the text above.

Signature:

Date: