



Trauma System Implementation Programme

Rehabilitation Needs Assessment and Rehabilitation Prescription

November 2022

Version 1.4



**Trauma Care
Ireland**

HSE Rehabilitation Prescription Document

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Approval Date	May 2022	Responsibility for Implementation	All Health sector employees
Revision Date	May 2023	Responsibility for Review and Audit	The Trauma System Implementation Programme

RNA/RP Signatories		
Name:	Role:	Signature:



Signature _____

Date _____



Rehabilitation Needs Assessment

Date of Admission: _____ Date of Initial RNA: _____ Time of initial RNA: _____

Name Address DOB MRN	Location Allergies Infection Control Advanced care plan incl. DNAR order			
Contact Name _____ Contact No _____ Relationship _____				
Medical Card: Yes <input type="checkbox"/> Number _____ No <input type="checkbox"/>				
Consultant: _____ Admitted from: _____				
Injury type:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Abdominal <input type="checkbox"/> Amputation </td> <td style="width: 33%; border: none;"> <input type="checkbox"/> Burns <input type="checkbox"/> Vascular <input type="checkbox"/> Thoracic <input type="checkbox"/> Brain Injury </td> <td style="width: 33%; border: none;"> <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Other </td> </tr> </table>	<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
<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: _____				
Mechanism of Injury and List of all Injuries				
Summary of Interventions to Date (Specialists involved in patient care)				
Progress, Management, and Complications				
Previous Medical History (including mental health)				
Polypharmacy i.e. 5 or more medications pre-injury Yes <input type="checkbox"/> No <input type="checkbox"/>				
Clinical Frailty Scale Score: _____				



Signature _____

Date _____



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, >30 hrs/wk)
Equipment Needs	No need for specialist equipment	Requires basic special equipment (off the shelf)	Requires highly specialist equipment		
RCS-E Score: C ___ N ___ M ___ Td ___ Ti ___ E ___ Total /22					

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

<input type="checkbox"/> Trauma & 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 (Categorisation of Rehabilitation Services)

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

Pre-Injury Information - Social History & Functioning Pre-Injury:

Home Environment: Lives Alone Lives with Family/Friend

Please give details _____

Lives in: Apartment Bungalow Two-Storey Nursing Home Other _____

Property is: Privately owned Local authority owned Rented Sheltered Housing Homeless

Pre-injury mobility: Independent Walking aid With assistance Wheelchair

Personal activities of daily living: Independent With assistance Dependant for all

Instrumental activities of daily living: Independent With assistance Dependant for all

Home support services: Y N Calls/day _____ days/week _____ Provider _____

Employment / Occupation / Leisure:

Unemployed Employed part-time Employed full-time Student

Rehabilitation Prescription

Summary of Current Impairments

Neurological	Motor Loss		Sensory Loss		Muscle Tone		Joint Range					
	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>		Normal <input type="checkbox"/>		Normal <input type="checkbox"/>					
	No <input type="checkbox"/>		No <input type="checkbox"/>		Impaired <input type="checkbox"/>		Impaired <input type="checkbox"/>					
	Consciousness			Vision		Hearing		Low level aware		Communication		
	GCS: ___/15			Intact <input type="checkbox"/>		Intact <input type="checkbox"/>		Yes <input type="checkbox"/>		Intact <input type="checkbox"/>		
				Impaired <input type="checkbox"/>		Impaired <input type="checkbox"/>		No <input type="checkbox"/>		Impaired <input type="checkbox"/>		
	Cognition			Post-traumatic Amnesia			Mood		Anxiety/ Distress			
	Intact <input type="checkbox"/>			Yes <input type="checkbox"/>			Normal <input type="checkbox"/>		Yes <input type="checkbox"/>			
	Impaired <input type="checkbox"/>			No <input type="checkbox"/>			Impaired <input type="checkbox"/>		No <input type="checkbox"/>			
Respiratory	Assisted Ventilation			Tracheostomy			Oxygen Support		Mgt/Weaning Plan			
	Yes <input type="checkbox"/>			Yes <input type="checkbox"/>			Yes <input type="checkbox"/>		Yes <input type="checkbox"/>			
			No <input type="checkbox"/>			No <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"/>					
	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"/>									
Continance & Skin	Bladder				Bowel				Skin			
	Catheter Yes <input type="checkbox"/> No <input type="checkbox"/>				Independent with:				Waterlow Score: _____			
	Independent with:				toilet/commode <input type="checkbox"/>				Braden Score: _____			
				Requires assistance:				Pressure Sore Yes <input type="checkbox"/> No <input type="checkbox"/>				
Assist + 1 <input type="checkbox"/>				Assist + 1 <input type="checkbox"/>				Grade/location:				
Assist + 2 <input type="checkbox"/>				Assist + 2 <input type="checkbox"/>								
Mobility	Sitting Out			Transfers			Walking			Washing & Dressing		
	Standard Chair <input type="checkbox"/>			Independent <input type="checkbox"/>			Independent <input type="checkbox"/>			Independent <input type="checkbox"/>		
	Special Seating <input type="checkbox"/>			Assist +1 <input type="checkbox"/>			Assist + 1 <input type="checkbox"/>			Assisi + 1 <input type="checkbox"/>		
	Unable <input type="checkbox"/>			Assist + 2 <input type="checkbox"/>			Assist + 2 <input type="checkbox"/>			Assist + 2 <input type="checkbox"/>		
			Hoisted <input type="checkbox"/>			Unable <input type="checkbox"/>						
Weight Bearing	Upper limbs:											
	Lower limbs:											
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)											

Current Level of Functioning

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 <input type="checkbox"/> include medical report	Falls Risk <input type="checkbox"/>
Seizures <input type="checkbox"/>	Purposeful Walking <input type="checkbox"/>
Requires 1:1 care <input type="checkbox"/> Supervision <input type="checkbox"/>	Distressed Behaviours: Verbally <input type="checkbox"/> Physically <input type="checkbox"/>
High BMI <input type="checkbox"/> Low BMI <input type="checkbox"/>	Safeguarding <input type="checkbox"/>

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-5DL	<input type="checkbox"/> NPDS	<input type="checkbox"/> NIS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Anticipated challenges that may impact discharge

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

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	

Additional Comments / Actions for GP or Patient

Discharge Planning

The Rehabilitation Prescription must be completed before patients transfer out of the MTC. The RP should be provided to the patient/family, the GP, the facility the patient has been transferred to, and all services that the patient has been referred to.

Please review and update the following complexity measures:

- Complex Needs Checklist (CNC) or Patient Categorisation Tool (PCAT)
- Rehabilitation Complexity Scale-Extended (RCS-E). **Please record Discharge RCS-E: ____ / 22**
- Categorisation of rehabilitation services required to meet the patient’s needs.

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

If yes please click all that apply - **Complex Needs Checklist (CNC)**

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"/> <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

Rehabilitation Services Required (Categorisation of Rehabilitation Services)

- Tertiary Complex Specialist Rehabilitation (National Rehabilitation Hospital)
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- Community Rehabilitation Services
- No Rehabilitation

Onward Referrals	Recommended	In Progress	Completed
Complex Discharge Planner (Neurorehabilitation)			
Public Health Nurse			
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			



Signature _____

Date _____



Applications			
Medical Card			
Benefits (Income)			
Rental Allowance			
Home Support Services			
Home Adaptation Grant			
Nursing Home Support Scheme			
Long Term Care Facility			
Residency Status			
Other			

Additional Information / Patient Comments i.e. What is important to you?

Contact Details of Key Worker / Lead Professional

Name _____ Profession _____ Contact _____

Confirmation of RP sent: Y N Date RP Sent: _____

Agencies RP sent to (must be sent to GP):



Signature _____

10

Date _____



Appendix 1

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

For each subscale, circle <u>highest level</u> 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 stand0by 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 ie for washing, dressing, toileting etc. May have incidental help from a 2 nd 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 eg due to confusion, impulsive behaviour or neuropsychiatric disturbance) Includes supervision to maintaining safety or managing confusion eg 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, eg alarms, tagging, or above standard monitoring (eg 1-2 hrly 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, eg ½ -1 hrly 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 form 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)	General registered nursing Rehab-trained nurses Mental Health (RMN)
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	Palliative care nursing
N 3	Requires highly specialist nursing care e.g. for very complex needs such as Management of tracheostomy Management of challenging behaviour / psychosis / complex psychological needs Highly complex postural, cognitive or communication needs Vegetative or minimally responsive states, locked-in syndromes	Specialist neuro nurse (eg MS, PD, MND)
N 4	Requires high dependency specialist nursing (high level nursing skills and intensive input) eg medically unstable, requiring very frequent monitoring/ intervention by a qualified nurse - hourly or more often, (usually also specialist training eg 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 x2-3 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 (eg 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 (eg 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. ie actual involvement of the 24 hour medical (or surgical or psychiatric) services, whether on a planned or unplanned basis	Medico-legal or capacity issues Other.....

THERAPY NEEDS

Describes the

- a) number of different therapy disciplines required and
- b) intensity of treatment

Includes individual or group-based session runs by therapists, but NOT rehabilitation input from nursing staff which is counted in N2.

(NB The Northwick Park Therapy Dependency Assessment (NPTDA) can be used to calculate total therapy hours in more complex cases e.g. 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	Tick therapy disciplines required: Physio O/T SLT Dietetics Social Work Other Psychology Counselling Music/art therapy Play therapy/school DEA/Jobcentre Plus Recreational therapy Other Orthotics Prosthetics Rehab Engineer Other:		
TD 1	1 discipline only			
TD 2	2-3 disciplines			
TD 3	4-5 disciplines			
TD 4	≥6 disciplines			

Therapy Intensity: State overall intensity of trained 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 (eg assessment / review / maintenance / supervision) OR Group therapy sessions only (ie 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 OR very intensive Group programme of ≥6 hours/day (ie 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 (eg physical handling) and so is treated by a therapist with an assistant (who may be unqualified) OR they require an intensive programme ≥25 hours of total therapy time per week, (eg 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 (eg 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 3rd assistant) – eg for complex physical handling needs, management of unwanted behaviours etc OR they require a very intensive programme involving > 30 hours of total therapy time per week.

Total **Total T score (TD + TI) :.....**

EQUIPMENT NEEDS

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 (eg Electronic assistive technology or highly customized equipment that is made or adapted specifically for that individual)		



Signature _____

Date _____



RCS v 13 – extended: Service Summary Sheet

CENTRE DETAILS	
Name of centre	
No of neuro-rehabbeds	
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	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										
4										
5										
6										
7										
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29										
30										

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



Signature _____

Date _____

