

**HSE** Rehabilitation Prescription 1

National Rehabilitation Prescription

June 2025 | Version 4.0

**Rehabilitation Prescription**

The Rehabilitation Prescription (RP) is a standardised method for assessing a persons’ rehabilitation needs, and developing an individualised plan that addresses the person’s goals. It identifies the person’s ongoing rehabilitation needs and is communicated to the receiving service(s) to ensure continuity of care.

The RP is used for all individuals requiring post-acute inpatient or community-based rehabilitation. It is an iterative document, that accompanies the individual as they move between healthcare settings. The initial RP will be completed in either an acute or a community setting, and is updated in each subsequent rehabilitation service. Please use the electronic version of the RP if possible. If updating the RP please include dates of updates. If the RP is being completed by an individual healthcare professional with limited details on the persons’ health condition or rehabilitation needs e.g. a public health nurse, please complete the RP by including information available to you.

*\* The term ‘Person’ or ‘Individual’ is used to describe the Patient.*

**Purpose and Benefits of the Rehabilitation Prescription**

The use of the Rehabilitation Prescription is recognised as a national standardised document for all patient populations and is endorsed by; the National Office for Trauma Services, the National Neuro-Rehabilitation Strategy, the National Rehabilitation Hospital, the National Clinical Programme for Older People, and the National Clinical Programme for Rehabilitation Medicine Clinical Advisory Group and the National Clinical Programme for Stroke.

**Shared Vision for Rehabilitation**

**Using the Rehabilitation Prescription to refer Patients to Rehabilitation Services**

***The RP is the only document accepted for referrals to adult services in the National Rehabilitation Hospital and the Managed Clinical Rehabilitation Network (MCRN) Neuro-Rehabilitation Services.***

***Referrals to all services must include a list of medications.***

The Rehabilitation Prescription is available on the following websites:

[National Office for Trauma Services](https://www.hse.ie/eng/about/who/acute-hospitals-division/trauma-services/resources/)

[Referring a Patient - National Rehabilitation Hospital](https://www.nrh.ie/healthcare-professionals/referring-a-patient-to-the-nrh/)

[www.hse.ie/neurorehabguide](http://www.hse.ie/neurorehabguide)

When referring a person to the MCRN Neuro-Rehabilitation Services, the RP should be signed off by a Senior member of the team or healthcare professional. Consultant / medical sign off is not required for RP.

Please send the RP to the Network Rehabilitation Coordinator email address in that region listed on the website below:

<http://www.hse.ie/neurorehabguide>

When referring a person to the National Rehabilitation Hospital, the RP must be accompanied by a medical letter and medication list and should be signed off by a medical consultant or GP.

Please send the RP to [referrals@nrh.ie](mailto:referrals@nrh.ie) or by post to Central Referrals Office, National Hospital, Rochestown Avenue, Dublin.

**Referrals to the National Rehabilitation Hospital**

**Referrals to the Managed Clinical Rehabilitation Network (MCRN) Neuro-Rehabilitation Services**

Section 1: Demographic and Clinical Details

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| --- | --- | --- | --- | --- | --- | --- |
| **Demographic and Admission Information** | | | | | | |
| Given First Name: | | | Family Name: | | | |
| Gender: M  F | | | Person’s Location: | | | |
| Primary Language: | | | Interpreter Required: Yes  No | | | |
| Address: | | | | | | Eircode: |
| DOB: | Phone: | | Email: | | | |
| MRN: | | GP Name: | | Phone: | | |
| Allergies: | | | Infection Control: | | | |
| Advanced care plan incl. DNAR order: | | | | | | |
| Contact Person Name: | | Contact No: | | Relationship: | | |
| Medical Card: Yes  Number No | | | Long term illness card number: | | | |
| Are you commencing the RP **Yes**  or Updating the RP **Yes** | | | Commencing Date: | | | |
| Date(s) RP Updated: | | | | | | |
| If RP is commenced for individual in acute/inpatient setting please complete hospital location details shaded below | | | | | | |
| Hospital: | | Ward: | Consultant: | | Date of Admission: | |

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| **Details of Clinical Condition** | |
| **Diagnosis and History of Presenting Condition** | |
| **Date of Onset:** | |
| **Summary of Interventions to Date** | |
| **Progress, Management, and Complications** (VTE Prophylaxis\*  Yes  No \*Mandatory for NRH referral) **Include/attach medication list** | |
| **Previous Medical History** (including mental health conditions) | |
| **Polypharmacy** i.e. 5 or more medications before current illness or injury Yes  No | **ESDR\*** Yes  No  (\*Mandatory for NRH referral) |

Section 2: Baseline Functional Ability and Social Information

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| --- | --- | --- | --- | --- | --- | --- |
| **Information on baseline functioning and social history** | | | | | | |
| **1.** | **Home Environment**  Lives in: Property is: | Lives Alone | | Lives with Family/Friend | | |
| Please give details: Click or tap here to enter text. | | | | |
| Apartment | Bungalow | Two-Storey | Nursing Home | Other |
| Privately owned | Local authority owned | Rented | | |
| Sheltered Housing | Homeless | | | |
| **2.** | **Pre-admission mobility** | Independent | Mobility aid | With assistance | Wheelchair | |
| **Personal activities of daily living** | Independent | With assistance | Dependent for all | | |
| **Instrumental activities of daily living** | Independent | With assistance | Dependent for all | | |
| **ADL Tool e.g. Katz etc.** | Score: | | | | |
| **Home support services** | Yes  No | Calls/day | Days/week | Provider | |
| **3.** | **Clinical Frailty Scale Score** | Complete CFS for adults aged 65 and older – must be based on functional ability before current illness or injury  CFS Score: | | | | |
| **4.** | **Employment / Occupation**  **/ Leisure** | Unemployed | Employed part-time | Employed full-time | Student | Retired |
|  | | | | |

Section 3: Individual’s Rehabilitation Needs (initial assessment of needs)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | |  |
| **RCS-E Score:** C | N | M | Td | Ti | E | Total | /22 |  |
| **The full version of the RCS-E is available in Appendix 1 to assist with scoring** | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **Professions required to support identified needs and ensure referral to the same** | | | | |
| Geriatric Medicine | Occupational Therapy | Pharmacist | Palliative Medicine | Rehabilitation Medicine |
| Speech and Language Therapy | Medical Social Worker | Rehabilitation Coordinator | Vocational Rehab/Assessment | Psychiatrist |
| Dietician | Psychologist | Neuropsychologist | Orthotist | Neuropsychiatrist |
| Physiotherapist | Clinical Nurse Specialist | Tissue Viability | Pain Team | Prosthetist |
| Podiatrist |  |  |  |  |
| **Refer to Complex Needs Checklist (CNC) in Appendix 3** for guidance on assessing complexity of person’s needs. | | | | |

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| **Select which Rehabilitation Service is Required**  Tertiary Complex Specialist Rehabilitation (National Rehabilitation Hospital)  Primary Care Rehabilitation Services  Specialist Inpatient Rehabilitation Services (Geriatric or Rehabilitation Medicine led)  No ongoing Rehabilitation needed  Community-based Inpatient Rehabilitation  Specialist Community Neuro-Rehabilitation Teams (CNRT) |

Section 4: Current Functional Abilities and Level of Functioning

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sensorimotor Functioning** | | | | |
| **Motor Loss** | **Sensory Loss** | | **Muscle Tone** | **Joint Range** |
| Yes  No | Yes  No | | Normal  Impaired | Normal  Impaired |
| **Consciousness** | **Vision** | **Hearing** | **Low level awareness** | **Communication** |
| Initial GCS: /15 Current GCS: /15 | Intact  Impaired | Intact  Impaired | Yes  No | Intact  Impaired |
| **Cognition** | **Post-traumatic Amnesia** | | **Mood** | **Anxiety/ Distress** |
| Intact  Impaired | Yes  No | | Normal  Impaired | Yes  No |
| **Cognition, Behaviour, Mood** | | | | |
| Orientation, memory (PTA etc.), executive functioning, perception, anxiety, depression, compliance, etc. | | | | |
| **Communication** | | | | |
| Comprehension, expression, vision, hearing, reading, etc. language (interpreter required). | | | | |
| **Respiratory Functioning** | | | | |
| Assisted Ventilation | Tracheostomy | | Oxygen Support | Mgt/Weaning Plan |
| Yes  No | Yes  No | | Yes  No | Yes  No |
| Details on ventilation, weaning, oxygen support, suctioning, infection status, etc. | | | | |

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| **Nutrition & Swallow** | | | | | | | | | |
| MUST Score: | | | Special Diet Yes  No | | | | Diabetic Yes  No | | |
| **Swallow** | Normal | | | Impaired | | Nil per oral | | | DOSS |
| **Food Consistency** | Food: level Click or tap here to enter text. | | | | Drink: level Click or tap here to enter text. | | | (As per IDDSI) Click or tap here to enter text. | |
| **Enteral/Parenteral** | NG | | | PEG | | RIG | | | TPN |
| **Feeding** | Independent | | | | | Requires assistance | | | |
| Include weight/BMI, swallow studies, and ability to feed. Management plan for impaired swallow. | | | | | | | | | |
| **Continence & Skin** | | | | | | | | | |
| **Bladder** | | **Bowel** | | | | | **Skin** | | |
| Catheter Yes  No | | Independent with: toilet/commode | | | | | Waterlow Score: | | |
| Independent with: toilet/commode/urinal | | Requires assistance: Assist + 1  Assist + 2 | | | | | Braden Score: | | |
| Requires assistance: Assist + 1  Assist + 2 | | Pressure Sore: Yes  No | | |
| Grade/location: | | |
| Level of assistance/devices/medication required to manage bladder and bowel. Details on skin condition and management | | | | | | | | | |
| **Mobility and ADL’s** | | | | | | | | | |
| **Sitting Out** | **Transfers** | | | | **Walking** | | | **Washing & Dressing** | |
| Standard Chair | Independent | | | | Independent | | | Independent | |
| Special Seating | Assist +1 | | | | Assist +1 | | | Assist +1 | |
| Unable | Assist +2 | | | | Assist +2 | | | Assist +2 | |
|  | Hoisted | | | | Unable | | |  | |
| Details on musculoskeletal, weight-bearing, sensorimotor, spasticity, pain, contractures, and fatigue. Include level of assistance, equipment, and ongoing management. | | | | | | | | | |

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| **Equipment Needs** | | | |
| Orthotics/prosthetics/splints  Mobility aids/transfer equipment  Specialist seating | | Bed/posture management  Activities of daily living equipment  Other (e.g. environmental controls) | |
| Standard or bespoke. Seating, transfers/mobility aids, environmental controls, etc. | | | |
| **Outcome Measures** | | | |
| Please complete a Quality of Life Measure and at least one functional outcome measure. | | | |
| FIM+FAM | Barthel Index | | SCIM |
| Satisfaction with Life Scale | New Mobility Score | | WHIM |
| EQ-5D-5L | NPDS | | NIS |
| Other | Other | | 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 | | | |

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| **Psychosocial** |
| Impact on carer (those important to them) ● Alcohol / drug misuse ● Immigration/residency ● Safeguarding ● Forensic history. Does person have a decision supporter or advanced planning arrangements in place. |

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| **Risks Identified** | |
| Medically unstable, include details in Section 1. | Falls Risk |
| Seizures | Purposeful Walking |
| Requires 1:1 care  Supervision | Distressed Behaviours:  Verbally  Physically |
| High BMI  Low BMI | Safeguarding |
| **Anticipated challenges that may impact discharge from service** | |
| E.g., home environment, unstable medical status, safety / legal concerns etc. | |

Section 5: Rehabilitation Goals / Plan

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| **Rehabilitation Goals / Plan *What Matters Most To You (the Person)*** |
| **Refer to appendix 3 *Interventions required to meet ongoing rehabilitation needs*** |
| **If person’s needs have changed since initial referral, please provide updated RCS-E Score and Rehabilitation Service currently required.** |
| **Discharge RCS-E / 22** |
| Does the individual have COMPLEX ongoing clinical needs for rehabilitation Yes  No  Refer to Complex Needs Checklist (CNC) in Appendix 2 for guidance on assessing the complexity of the person’s needs. |

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| **Select which Rehabilitation Service is Required**  Tertiary Complex Specialist Rehabilitation (National Rehabilitation Hospital)  Primary Care Rehabilitation Services  Specialist Inpatient Rehabilitation Services (Geriatric or Rehabilitation Medicine led)  No ongoing Rehabilitation needed  Community-based Inpatient Rehabilitation  Specialist Community Neuro-Rehabilitation Teams (CNRT) |

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| **Transfer of Care Plan:** |
| Appendix 4 can be used to identify which health and social care services the person can be referred to so support ongoing needs |

Section 6: Details of Health and Social Care Professionals & Communication of RP

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| --- | --- |
| **Date of Referral to Rehabilitation:** | |
| **Details of Rehabilitation Service Person is Referred to:** | |
| 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: |
| **Date of discharge from acute hospital: NOTS KPI** | |
| **Date that updated RP was sent to receiving service(s) e.g. rehabilitation unit, CNRT etc.: NOTS KPI** | |
| **Where was Person discharged / transferred to:** | |

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| --- | --- | --- | --- |
| **Contact Details of Healthcare Professional who completed current RP\*** | | | |
| Name: | Initials: | Profession: | Contact: |
| **Contact Details of Health and Social Care Professionals providing care / support to the Person** | | | |
| Name: | Initials: | Profession: | Contact: |
| Name: | Initials: | Profession: | Contact: |
| Name: | Initials: | Profession: | Contact: |
| Name: | Initials: | Profession: | Contact: |
| Name: | Initials: | Profession: | Contact: |
| Name: | Initials: | Profession: | Contact: |
| **\*Medical Consultant/GP signature required for all referrals to the National Rehabilitation University Hospital (NRH)** | | | |
| ***NOTS KPI: Key performance indicator for persons with serious injuries in major trauma centres and trauma units (National Office of Trauma Service)*** | | | |

Appendix 1

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

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| For each subscale, circle highest level applicable |
| **CARE or RISK**  Describes the level of support the persons’ 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** |

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| **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 2nd 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 |

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| **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 OR 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 |

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| **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  Rehab-trained Nurse  Mental Health Nurse  Palliative Care Nurse  Specialist Nurse (CNS, ANP) (e.g. MS, PD, MND)  Other |
| 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 |
| 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 |
| N 4 | Requires high dependency specialist nursing (high level nursing skills and 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). |

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| **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 |

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| --- | --- | --- | --- | --- |
| **THERAPY NEEDS**  Describes the:   1. number of different therapy disciplines required and 2. intensity of treatment   Includes individual or group-based session run by therapists, but NOT rehabilitation input from nursing staff 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 | Tick therapy disciplines required: | | |
| 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 | Orthotics  Prosthetics  Rehab  Engineer  Other |
| 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 (e.g. assessment / review / maintenance / supervision)  OR Group therapy sessions only  (i.e. Person 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  (i.e. Person 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  Person 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)  OR 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) Person has very complex therapy needs requiring two trained therapists at a time (with or without a 3rd assistant) e.g. 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) | | | | |

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| **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 | Environmental control |
| E 2 | Requires highly specialist equipment  (e.g. Electronic assistive technology or highly customised equipment that is made or adapted specifically for that individual) | Pressure cushion  Special mattress  Standing frame  Off-shelf orthotic | Communication aid  Customised seating  Customised standing aid  Customised orthotic  Assisted Ventilation |
| Other | Other |

Appendix 2

Complex Needs Checklist (CNC)

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

|  |  |  |
| --- | --- | --- |
| **Complex Needs Checklist** | | |
| **Discharge RCS-E** | Click or tap here to enter text. **/ 22** | |
| 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.** |
| Complex neuro-rehabilitation | Complex communication support | Complex discharge planning e.g.  Housing/placement issues  Major financial issues  Uncertain immigration status  Drugs/alcohol misuse |
| Prolonged Disorder of Consciousness | Cognitive assessment/management |
| Tracheostomy weaning | Challenging Behaviour management |
| Ventilatory support | Risk Management |
| Complex nutrition/swallow issues | Mental Health difficulties  Pre-injury  Post-injury |
| Profound disability/neuro-palliative rehabilitation | Complex medico-legal issues (Best interest issues, safeguarding)  Vocational/job role requiring specialist vocational rehab  Other |
| Intrathecal baclofen pump | Mood evaluation/ psychological support |
| Neuro-psychiatric rehabilitation | Major family distress/support |
| Post ICU syndrome | Emotional load on staff |  |
| Complex MSK management | Other |  |
| Complex amputee rehabilitation needs |  |  |
| Complex pain management |  |  |
| Specialist bespoke equipment needs |  |  |
| Other |  |  |

Appendix 3

List of suggested interventions to address ongoing rehabilitation needs

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| --- | --- |
| **Ongoing Rehabilitation Needs** | **Comments** |
| Medical assessment/Management |  |
| Mobility |  |
| ADL’s |  |
| Pain Management |  |
| Neurorehabilitation |  |
| Spasticity Management |  |
| Postural Management/Contractures |  |
| Specialist Seating |  |
| Orthotics |  |
| Splinting |  |
| Wound Management |  |
| Respiratory Management |  |
| Swallow |  |

|  |  |
| --- | --- |
| Nutrition |  |
| Continence |  |
| Disability Management |  |
| Palliative Medicine |  |
| Cognitive Rehabilitation |  |
| Communication |  |
| Behavioural Support |  |
| Psychological Support |  |
| Psychiatric |  |
| Environmental Assessment |  |
| Equipment |  |
| Pharmacy |  |
| Prosthetics |  |
| Amputee Rehabilitation |  |
| Social Care |  |
| Vocational |  |
| Carer training/education |  |
| Education |  |
| Safeguarding |  |
| Other |  |

Appendix 4

Health and Social Care Services Required (referrals / applications to support ongoing needs)

|  |  |  |  |
| --- | --- | --- | --- |
| **Planning for Transfer of Care** | | | |
| **Onward Referrals** | **Recommended** | **In Progress** | **Completed** |
| Public Health Nurse |  |  |  |
| Complex Discharge Planner (Neuro-rehabilitation) |  |  |  |
| 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 |  |  |  |
| **Additional Information** | | | |

Appendix 5

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| **RP Signatories** | | |
| **Name:** | **Role:** | **Signature & Initials:** |
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