

## Complexity Needs Checklist and RCS-ET

<b>NHS Number:</b>		<b>DOB:</b>	
<b>TARN Minimum dataset</b>	<b>Date of assessment:</b>		
<b>Rehabilitation Prescription completed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Presence factors affecting activities/participation</b> <input type="checkbox"/> Physical <input type="checkbox"/> Cognitive/mood <input type="checkbox"/> Psycho-social		<b>Discharge Destination only if known:</b> <input type="checkbox"/> Level 1 or 2a <input type="checkbox"/> Level 2b <input type="checkbox"/> Level 3 <input type="checkbox"/> Trauma Unit <input type="checkbox"/> Home Other.....	

<b>Does the patient have COMPLEX clinical needs?</b>		<b>Date of assessment:</b>	
<b>Complex Physical eg</b>		<b>Complex Cognitive / Mood eg</b>	
<input type="checkbox"/> Complex musculoskeletal management <input type="checkbox"/> Complex neuro-rehabilitation <input type="checkbox"/> Complex amputee rehabilitation needs <input type="checkbox"/> Re-conditioning / cardiopulmonary rehab <input type="checkbox"/> Complex pain rehabilitation <input type="checkbox"/> Profound disability / neuropalliative rehabilitation		<input type="checkbox"/> Complex communication support <input type="checkbox"/> Cognitive assessment/management <input type="checkbox"/> Complex mood evaluation/support <input type="checkbox"/> Challenging Behaviour management <input type="checkbox"/> Evaluation of Low Awareness state	
		<b>Complex Psychosocial eg</b>	
		<input type="checkbox"/> Complex discharge planning eg ○ Housing/placement issues ○ Major financial issues ○ Uncertain immigration status <input type="checkbox"/> Major family distress/support <input type="checkbox"/> Emotional load on staff	
<b>Checklist of needs that are likely to require specialist rehabilitation (tick any that apply)</b>			<b>Specialist needs?</b>
<b>(Examples)</b>			
<b>Specialist rehab medical (RM) or neuropsychiatric needs</b>	<input type="checkbox"/> On-going specialist investigation/ intervention <input type="checkbox"/> Complex / unstable medical/surgical condition <input type="checkbox"/> Complex psychiatric needs <input type="checkbox"/> Risk management or Treatment under section of the MHA		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Specialist rehabilitation environment</b>	<input type="checkbox"/> Co-ordinated inter-disciplinary input <input type="checkbox"/> Structured 24 hour rehabilitation environment <input type="checkbox"/> Highly specialist therapy /rehab nursing skills		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>High intensity</b>	<input type="checkbox"/> 1:1 supervision <input type="checkbox"/> ≥4 therapy disciplines required <input type="checkbox"/> High intensive programme (>20 hours per week) <input type="checkbox"/> Length of rehabilitation ≥ 3 months		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Specialist Vocational Rehab</b>	<input type="checkbox"/> Specialist vocational assessment <input type="checkbox"/> Multi-agency vocational support (for return to work /re-training /work withdrawal) <input type="checkbox"/> Complex support for other roles (eg single parenting)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medico-legal issues</b>	<input type="checkbox"/> Complex mental capacity / consent issues <input type="checkbox"/> Complex Best interests decisions <input type="checkbox"/> DoLs / PoVA applications <input type="checkbox"/> Litigation issues		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Specialist facilities / equipment needs</b>	<input type="checkbox"/> Customised / bespoke personal equipment needs (eg Electronic assistance technology, communication aid, customised seating, bespoke prosthetics/orthotics) <input type="checkbox"/> Specialist rehabilitation facilities (eg treadmill training, computers, FES, Hydrotherapy etc)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Provisional Categorisation of Rehabilitation Needs	
<input type="checkbox"/> <b>Category A</b> (requiring Level 1 or 2a Rehabilitation) <input type="checkbox"/> <b>Category B</b> (requiring Level 2 Rehabilitation) <input type="checkbox"/> <b>Category C or D</b> (requiring RR&R pathway)	<b>If probable category A or B needs, refer for specialist rehabilitation review</b> <b>Referred</b> Yes / No   Date...../...../..... <b>Reviewed</b> Yes / No   Date...../...../.....

Rehabilitation Complexity Score (RCS-ET - adapted) <i>(Only count highest score for Care OR Risk, not both)</i>						
Medical	Care/Risk	Nursing	Therapy-Disciplines	Therapy-Intensity	Equipment	Total Score
0 1 2 3 4 5 6	0 1 2 3 4 / 0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3	...../25

**Completed by (please circle): Band 8 / Band 7/ Band 6/ Other: \_\_\_\_\_**