## ICU Step down data collection – PICUPS and Rehabilitation Prescription

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| --- | --- | --- | --- |
| **Pt Name** |  | **Date Admitted to ICU** | …../…../…… |
| **ID** |  | **Date Stepped down from ICU** | …../…../…… |
| **Date of birth** |  | **Date discharged from acute care** | …../…../…… |
| **Gender** |  |  |  |

## Essential clinical information at stepdown from ICU

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Diagnosis** |  | **Summary of organ Impairment** | |
| **Secondary diagnoses** |  | * Respiratory * Cardiac * Vascular * Renal | * Liver * Brain * Neuro/muscular * Other |
| **Covid-related illness** | ❒ Yes ❒ No ❒ Don’t know |
| **Organ support requirements at stepdown** | * Invasive ventilation * Non-invasive ventilation * Tracheostomy * Renal replacement | * Pain management * Other | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Disciplines required in acute care stage** | | **Disciplines involved in acute care stage** | |
| * Physio * O/T * SLT * Dietitian | * Psychology * Social work * Other | * Physio * O/T * SLT * Dietitian | * Psychology * Social work * Other |
| **If thought to require ongoing specialist rehabilitation on discharge**  Have they been reviewed by a Consultant in Rehabilitation Medicine? ❒ Yes ❒ No ❒ Don’t know ❒N/A | | | |

## Post ICU Presentation Screen (PICUPS tool) (see PICUPS manual for scoring levels)

|  |  |  |  |
| --- | --- | --- | --- |
| ***Domain*** | ***Item*** | ***Score 1  Stepdown*** | ***Score 2***  ***Discharge*** |
| **Assessment Date** |  | …../…../…… | …../…../…… |
| **Medical / Care** | Medical stability | (0-5) ……. | (0-5) ……. |
| Basic care and safety | (0-5) ……. | (0-5) ……. |
| **Breathing / Nutrition** | Ventilatory assistance | (0-5) ……. | (0-5) ……. |
| Tracheostomy care | (0-5) ……. | (0-5) ……. |
| Tracheostomy weaning | (0-5) ……. | (0-5) ……. |
| Cough / Secretions | (0-5) ……. | (0-5) ……. |
| Nutrition / feeding | (0-5) ……. | (0-5) ……. |
| **Physical Movement** | Repositioning in bed | (0-5) ……. | (0-5) ……. |
| Transfers (bed / chair) | (0-5) ……. | (0-5) ……. |
| **Communication/ Cognition** | Communication | (0-5) ……. | (0-5) ……. |
| Cognition & delirium | (0-5) ……. | (0-5) ……. |
| Behaviour | (0-5) ……. | (0-5) ……. |
| **Psychosocial** | Mental Health | (0-5) ……. | (0-5) ……. |
| Family distress | (0-5) ……. | (0-5) ……. |

### ***PICUPS plus items***

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Item** | **Score 1 Stepdown** | **Score 2**  **Discharge** |
| **Upper Airway** | Dyspnoea | (0-5) ……. | (0-5) ……. |
| Voice | (0-5) ……. | (0-5) ……. |
| Swallowing | (0-5) ……. | (0-5) ……. |
| **Physical and**  **Activities of daily living** | Postural management / seating | (0-5) ……. | (0-5) ……. |
| Maintaining hygiene | (0-5) ……. | (0-5) ……. |
| Care needs | (0-5) ……. | (0-5) ……. |
| Moving around (indoors) | (0-5) ……. | (0-5) ……. |
| Arm and hand function | (0-5) ……. | (0-5) ……. |
| **Symptoms that interfere with daily activities** | Fatigue | (0-5) ……. | (0-5) ……. |
| Pain | (0-5) ……. | (0-5) ……. |

## The Rehabilitation Prescription (at discharge from acute care)

|  |  |  |
| --- | --- | --- |
| **Does the patient have any on-going clinical needs for rehabilitation after discharge?** ❒ Yes ❒ No  **(If yes** please tick all that apply) | | |
| **Complex Physical** eg | **Complex Cognitive / Mood** eg | **Complex Psychosocial** eg |
| * Tracheostomy weaning * Ventilatory support * Nutrition / swallowing issues * Post ICU syndrome * MSK management * Re-conditioning / cardiopulm’y rehab * Pain rehabilitation * Neuro-rehabilitation * Prolonged Disorder of consciousness * Complex disability management * Neuro-palliative / End of life support * Amputee rehabilitation * Specialist equipment needs * Other (please specify) | * Communication support * Cognitive assessment/management * Challenging Behaviour managmt * Mental Health difficulties   + Pre-injury   + Post injury * Neuro-psychiatric rehab * Mood evaluation / support   + Anxiety depression   + Stress disorder * Major family distress / support * Emotional load on staff * Other (please specify) | * Complex discharge planning eg   + Housing / placement issues   + Major financial issues   + Uncertain immigration status * Drugs/alcohol misuse * Complex medicolegal issues (Best interests decisions, safeguarding, DOLS, litigation) * Educational * Vocational /job role requiring specialist vocational rehab * Other (please specify) |

|  |  |  |
| --- | --- | --- |
| **What is their rehabilitation need** | **What is their destination on discharge?** | |
| **In-patient rehabilitation**   * Specialist inpatient rehabilitation   + Category A needs (Level 1)\*   + Category B needs (Level 2)\* * Non-specialist inpatient   + Category C/D needs (Level 3)\*   **Community-based rehabilitation**   * Specialist out-patient rehab   + Multidisciplinary   + Single discipline * Community-based rehab   + Specialist MDT   + Neuro Rehab   + Cardiopulmonary Rehab   + Vocational rehab   + Generic MDT * No rehabilitation needs * Other (please specify)   **\*** *See Appendix 1 for definitions of the various categories of need* | * Transferred for ongoing acute medical/surgical needs * Local hospital   + Without specialist rehab   + Awaiting specialist rehab * In-patient Specialist rehabilitation   + Level 1   + Level 2   + Level 3   + Other specialist rehab * Own home   + Without rehabilitation   + With rehabilitation   + Neuro Rehab   + Cardiopulmonary Rehab   + Vocational Rehab * Nursing home   + Specialist NH / Slow-stream   + Other residential * Mental health unit without physical rehab * Other (please specify) | **Are they being transferred to the appropriate facility?**  ❒ Yes ❒ No  **If NO – what would be the appropriate facility?**  (Indicate from discharge destination list):  **Reasons for variance:**   * Service exists but access is delayed * Service does not exist * Service exists but funding is refused * Patient / carer declined * Ongoing medical / surgical needs requiring rehabilitation at a later date * Other (please specify) |
| **Is the patient likely to have capacity to consent to include these data in a central registry?** ❒ Yes ❒ No ❒ Unknown | | |

## **Rehabilitation Prescription - Summary of recommendations**

**Brief summary of further needs:**

**How will these be met?**

**Referrals made (or to be made)**

**Completed by: Date:…./…./….**

#### Appendix 1: Guide to category of rehabilitation needs

**Categories A, B and C** describe the need for different levels of **inpatient or residential** rehabilitation, according to the NHSE D02 Service Specification.

They may be broadly described as follows:

**Category A Rehabilitation Needs**

Patients who need specialist inpatient rehabilitation delivered by a multi-professional team led by a Consultant in Rehabilitation Medicine, and who have very complex rehabilitation needs.

* Patients may be medically unstable or potentially medically unstable and may still require direct inputs from their acute major trauma teams.
* They may require involvement of 5 or more therapy disciplines.
* Category A patients include those with tracheostomies who are being actively weaned, those who require ventilation, and those with Prolonged Disorder of Consciousness.
* Patients with brain injury who have severe cognitive deficits and highly challenging behaviours requiring rehabilitation have Category A needs.

**Category B Rehabilitation Needs**

Patients who need specialist inpatient rehabilitation delivered by a multi-professional team led by a Consultant in Rehabilitation Medicine, and who have complex rehabilitation needs.

* Patients are usually medically stable.
* The involvement of 4 therapy disciplines is required.
* Patients with stable tracheostomy who are not being weaned may have Category B needs.
* Patients with brain injury and cognitive deficits who can be managed in a structured environment have Category B needs.

**Category C /D Rehabilitation Needs**

Patients who do not have complex rehabilitation needs and require rehabilitation in a residential setting, which can be delivered by a non-specialist team in either a hospital

or intermediate care facility. Rehabilitation may be led by a consultant other than in RM (eg Care of the Elderly, Stroke medicine etc) or may be therapy-led

* Up to 3 therapy disciplines may need to be involved.
* Most patients with musculoskeletal injuries who need inpatient rehabilitation will have Category C needs.
* Frail elderly who have complex medical needs are likely to fall into this group.