

The Rehabilitation Complexity Scale – Acute (RCS E-Acute)

PATIENT IDENTIFICATION			
Name:		Hospital No:	
		Date of score:...../...../.....	
For each subscale, circle <u>highest level</u> applicable			
MEDICAL NEEDS			
Describes the approximate level of medical environment required for medical/surgical/trauma management			
M 0	No active medical intervention (Could be managed by GP on basis of occasional visits)	Tick medical/surgical 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)	<input type="checkbox"/> Specialist investigations – blood tests, imaging etc	
M 2	Specialist medical / psychiatric intervention – for diagnosis or management/procedures (Requiring in-patient hospital care in (DGH or specialist)	<input type="checkbox"/> On-site co-ordinated specialist opinion / intervention	
M 3	Potentially unstable medical / psychiatric condition (Requiring 24 hr availability of on-site acute medical / psychiatric cover)	<input type="checkbox"/> Access to specialist medical equipment for assessment /monitoring etc	
M 4	Acute medical / surgical problem (Requiring emergency medical / surgical out of hours care - but can be managed in DGH setting, or in post-acute stepdown rehab setting)	Type of medical / surgical intervention required: <input type="checkbox"/> Medical	
M 5	Acute care needs – primary needs are medical/surgical (Requiring coordinated care in an acute care setting)	<input type="checkbox"/> Surgical	
M 6	Critical care (Requiring management in a critical care setting)	<input type="checkbox"/> Trauma	
		<input type="checkbox"/> Psychiatric	
		<input type="checkbox"/> Other.....	
		<input type="checkbox"/> Orthopaedic / trauma	
		<input type="checkbox"/> Neurology neurosurgery	
		<input type="checkbox"/> Vascular	
		<input type="checkbox"/> Abdominal / Cardiothoracic	
		<input type="checkbox"/> Cardiopulmonary	
		<input type="checkbox"/> Plastics/ burns	
		<input type="checkbox"/> Rehabilitation Medicine	
		<input type="checkbox"/> Other.....	
BASIC CARE AND SUPPORT NEEDS			
Describes the approximate level of intervention required for basic self-care or level of risk			
(For all centres: score both care and risk and use highest score)			
	CARE: Standard rehab needs	RISK: Cognitive behavioural needs	
C 0	Largely independent in basic care activities	R 0	No risk
C 1	Requires help from 1 person for most basic care needs	R 1	Low risk – standard observations only But requires escorting outside the unit
C 2	Requires help from 2 people for most basic care needs	R 2	Medium risk – above standard observations OR managed under MHA section
C 3	Requires help from ≥3 people for basic care needs	R 3	High risk – above standard observations AND managed under MHA section
C 4	Requires constant 1:1 supervision – for safety or behavioural management	R 4	Very high risk Requires constant 1:1 supervision
SKILLED NURSING NEEDS			
Describes the level of intervention required from qualified or skilled rehab nursing staff			
N 0	No needs for skilled nursing	Tick nursing disciplines required:	
N 1	Requires intervention from a qualified nurse (e.g. for monitoring, medication, dressings etc)	<input type="checkbox"/> General registered nursing	
N 2	Requires intervention from trained rehabilitation nursing staff and/or mental health nurses	<input type="checkbox"/> ITU nurse	
N 3	Requires specialist nursing care (e.g. for tracheostomy, behavioural management etc)	<input type="checkbox"/> Specialist trauma nurse (eg orthopaedic, amputee etc)	
N 4	Requires high dependency specialist nursing (eg medically unstable, very frequent monitoring/ intervention by a qualified nurse - hourly or more often)	<input type="checkbox"/> Rehab-trained nurses	
		<input type="checkbox"/> Mental Health (RMN)	
		<input type="checkbox"/> Other.....	

THERAPY NEEDS Describes the approximate level of input that is required from <u>therapy disciplines</u>			
Therapy Disciplines: State number of different therapy disciplines required to be <u>actively</u> involved in <u>treatment</u>			
TD 0	0	Tick therapy disciplines required: <input type="checkbox"/> Physio <input type="checkbox"/> Psychology <input type="checkbox"/> O/T <input type="checkbox"/> Counselling <input type="checkbox"/> Music/art therapy <input type="checkbox"/> SLT <input type="checkbox"/> Orthotics <input type="checkbox"/> Play therapy/school <input type="checkbox"/> Dietetics <input type="checkbox"/> Prosthetics <input type="checkbox"/> DEA/Jobcentre Plus <input type="checkbox"/> Social work <input type="checkbox"/> Rehab Engineer <input type="checkbox"/> Recreational therapy <input type="checkbox"/> Other :	
TD 1	1 disciplines 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 <1 hour total/week - Rehab needs met by nursing/care staff or self-exercise programme)		
TI 1	Low level – less than daily (eg assessment / review / maintenance / supervision) OR Group therapy only		
TI 2	Moderate – daily intervention - individual sessions with one person to treat for most sessions OR very intensive Group programme of ≥6 hours/day		
TI 3	High level – Daily intervention with therapist PLUS assistant and/or additional group sessions		
TI 4	Very High level – very intensive (eg 2 trained therapists to treat, or total 1:1 therapy >30 hrs/week)		
Total	Total T score (TD + TI) :.....		
EQUIPMENT NEEDS Describes the requirements for personal equipment			
E 0	No needs for special equipment	Basic Special Equipmt	Highly Specialist Equipmt
E 1	Requires basic special equipment	<input type="checkbox"/> Wheelchair/seating <input type="checkbox"/> Pressure care <input type="checkbox"/> Standing frame <input type="checkbox"/> Off-shelf orthotic <input type="checkbox"/> Walking aid <input type="checkbox"/> Other.....	<input type="checkbox"/> Environmental control <input type="checkbox"/> Communication aid <input type="checkbox"/> Customised seating <input type="checkbox"/> Customised standing aid <input type="checkbox"/> Customised orthotic / brace <input type="checkbox"/> Assisted Ventilation <input type="checkbox"/> Other.....
E 2	Requires highly specialist equipment (eg electronic assistive technology or highly customized equipment)		
E3	Requires extremely specialist equipment (ie Really fancy hi-tech equipment only available in critical care!)	State equipment type:	

TOTAL SCORE SUMMARY		Needs scores		Currently gets	Reason for unmet need (eg Not available (NA), declined (D), or Other...)
Medical / Surgical / Trauma / Psychiatric treatment	M:	Medical:	/ 6	M:	<input type="checkbox"/> NA <input type="checkbox"/> D <input type="checkbox"/> Other..
Basic care and support (Includes risk management)	C: or R:	Care /risk	/ 4	C: or R:	<input type="checkbox"/> NA <input type="checkbox"/> D <input type="checkbox"/> Other..
Skilled Nursing care	N:	Nursing	/ 4	N:	<input type="checkbox"/> NA <input type="checkbox"/> D <input type="checkbox"/> Other..
Therapy	TD:	Therapy:	/ 8	TD:	<input type="checkbox"/> NA <input type="checkbox"/> D <input type="checkbox"/> Other..
	TI:			TI:	<input type="checkbox"/> NA <input type="checkbox"/> D <input type="checkbox"/> Other..
Specialist equipment	E:	Equipm't	/ 3	E:	<input type="checkbox"/> NA <input type="checkbox"/> D <input type="checkbox"/> Other..
Summed RCS			/ 25	Gets /25	

RCS-E v 13 (Acute) Service Summary Sheet

CENTRE DETAILS									
Name of centre									
No of beds									
Type of service		<input type="checkbox"/> Intensive care unit <input type="checkbox"/> High Dependency Unit <input type="checkbox"/> Acute ward							
Sample of patients		<input type="checkbox"/> Cross-sectional – all <input type="checkbox"/> Cross-sectional sample – x/y beds: /							
REHABILITATION COMPLEXITY SCORES for current in-patients: Date..../..../....									
No	Patient name	C /R score	N score	M score	T score		E score	Total RCS	Comments
					TD	TI			
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3									
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Photocopy if necessary to include further patients.