

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

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

<b>Therapy Needs</b> Describes the approximate level of input that is required from therapy disciplines			
<b>Therapy Disciplines:</b> State <b>number of different therapy disciplines</b> required to be actively involved in treatment			
<b>TD 0</b>	<b>0</b>	<b>Tick therapy disciplines required:</b> <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 :	
<b>TD 1</b>	<b>1</b> disciplines only		
<b>TD 2</b>	<b>2-3</b> disciplines		
<b>TD 3</b>	<b>4-5</b> disciplines		
<b>TD 4</b>	<b>≥6</b> disciplines		
<b>Therapy Intensity:</b> State <b>overall intensity of trained therapy intervention</b> required from team as a whole			
<b>TI 0</b>	<b>No therapy intervention</b> (or <1 hour total/week - Rehab needs met by nursing/care staff or self-exercise programme)		
<b>TI 1</b>	Low level – <b>less than daily</b> (eg assessment / review / maintenance / supervision) OR <b>Group therapy only</b>		
<b>TI 2</b>	Moderate – <b>daily intervention - individual sessions with one person</b> to treat for most sessions OR <b>very intensive Group programme</b> of ≥6 hours/day		
<b>TI 3</b>	High level – <b>Daily intervention with therapist PLUS assistant and/or additional group sessions</b>		
<b>TI 4</b>	Very High level – <b>very intensive</b> (eg 2 trained therapists to treat, or total 1:1 therapy >30 hrs/week)		
<b>Total</b>	<b>Total T score (TD + TI) :.....</b>		
<b>Equipment Needs</b> Describes the requirements for personal equipment			
<b>E 0</b>	<b>No needs</b> for special equipment	Basic Special Equipmt	Highly Specialist Equipmt
<b>E 1</b>	Requires <b>basic special equipment</b>	<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.....
<b>E 2</b>	Requires <b>highly specialist equipment</b> (eg electronic assistive technology or highly customized equipment)		
<b>E3</b>	Requires <b>extremely specialist equipment</b> (ie Really fancy hi-tech trauma equipment only available in MTC!)	<b>State equipment type:</b>	

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

## 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			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									

*Photocopy if necessary to include further patients.*