

# Rehabilitation Needs Assessment

Date of Admission: \_\_\_\_\_ Date of Initial RNA: \_\_\_\_\_ Time of initial RNA: \_\_\_\_\_

Name Address DOB MRN		Location Allergies Infection Control Advanced care plan incl. DNAR order	
Contact Name _____		Contact No _____	
		Relationship _____	
Medical Card: Yes <input type="checkbox"/> Number _____ No <input type="checkbox"/>			
Consultant: _____		Admitted from: _____	
<b>Injury type:</b>	<input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Abdominal <input type="checkbox"/> Amputation	<input type="checkbox"/> Burns <input type="checkbox"/> Vascular <input type="checkbox"/> Thoracic <input type="checkbox"/> Brain Injury	<input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Other
Initial GCS: /15 E ___ V ___ M ___		Date of Injury/illness: _____	
<b>Mechanism of Injury/Illness and List of all Injuries/illnesses</b>			
<b>Summary of Interventions to Date</b> (Specialists involved in patient care)			
<b>Progress, Management, and Complications</b>			
<b>Previous Medical History</b> (including mental health)			
Polypharmacy i.e. 5 or more medications pre-injury Yes <input type="checkbox"/> No <input type="checkbox"/>			
Clinical Frailty Scale Score: _____			

Signature \_\_\_\_\_ 1 Date \_\_\_\_\_



### 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, >30 hrs/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					

#### Professions required to support identified needs and ensure referral to the same

<input type="checkbox"/> Trauma & Orthogeriatrician	<input type="checkbox"/> Geriatrician	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Palliative Medicine
<input type="checkbox"/> Rehabilitation Medicine	<input type="checkbox"/> Speech and Language Therapy	<input type="checkbox"/> Medical Social Worker	<input type="checkbox"/> Rehabilitation Coordinator	<input type="checkbox"/> Vocational Rehab/ Assessment
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Dietician	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Neuropsychologist	<input type="checkbox"/> Orthotist
<input type="checkbox"/> Neuropsychiatrist	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Clinical Nurse Specialist	<input type="checkbox"/> Tissue Viability	<input type="checkbox"/> Pain Team
<input type="checkbox"/> Prosthetist	<input type="checkbox"/> Podiatrist			

#### Rehabilitation Services Required (Categorisation of Rehabilitation Services)

- Tertiary Complex Specialist Rehabilitation (National Rehabilitation Hospital)  
 Specialist Inpatient Rehabilitation Services (Geriatric & Rehabilitation Medicine led)  
 Community Rehabilitation Services  
 No Rehabilitation

#### Pre-Injury/Illness Information - Social History & Functioning Pre-Injury/Illness:

**Home Environment:** Lives Alone  Lives with Family/Friend

Please give details \_\_\_\_\_

Lives in: Apartment  Bungalow  Two-Storey  Nursing Home  Other  \_\_\_\_\_

Property is: Privately owned  Local authority owned  Rented  Sheltered Housing  Homeless

**Pre-injury/illness mobility:** Independent  Walking aid  With assistance  Wheelchair

**Personal activities of daily living:** Independent  With assistance  Dependant for all

**Instrumental activities of daily living:** Independent  With assistance  Dependant for all

**Home support services:** Y  N  Calls/day \_\_\_\_\_ days/week \_\_\_\_\_ Provider \_\_\_\_\_

#### Employment / Occupation / Leisure:

Unemployed  Employed part-time  Employed full-time  Student



Signature \_\_\_\_\_ 2 Date \_\_\_\_\_

# Rehabilitation Prescription

## Summary of Current Impairments

<b>Neurological</b>	<b>Motor Loss</b>	<b>Sensory Loss</b>		<b>Muscle Tone</b>	<b>Joint Range</b>	
	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Normal <input type="checkbox"/>	Normal <input type="checkbox"/>	
	No <input type="checkbox"/>	No <input type="checkbox"/>		Impaired <input type="checkbox"/>	Impaired <input type="checkbox"/>	
	<b>Consciousness</b>	<b>Vision</b>	<b>Hearing</b>	<b>Low level aware</b>	<b>Communication</b>	
	GCS: ___/15	Intact <input type="checkbox"/> Impaired <input type="checkbox"/>	Intact <input type="checkbox"/> Impaired <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Intact <input type="checkbox"/> Impaired <input type="checkbox"/>	
	<b>Cognition</b>	<b>Post-traumatic Amnesia</b>		<b>Mood</b>	<b>Anxiety/ Distress</b>	
Intact <input type="checkbox"/> Impaired <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Normal <input type="checkbox"/> Impaired <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Respiratory</b>	<b>Assisted Ventilation</b>	<b>Tracheostomy</b>		<b>Oxygen Support</b>	<b>Mgt/Weaning Plan</b>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Nutrition &amp; Swallow</b>	MUST Score: _____		Special Diet Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetic Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<b>Swallow</b>	Normal <input type="checkbox"/> Impaired <input type="checkbox"/>		Nil per oral <input type="checkbox"/>		
	<b>Food Consistency</b>	Food: level _____ Drink: level _____ (As per IDDSI)				
	<b>Enteral/Parenteral</b>	NG <input type="checkbox"/> PEG <input type="checkbox"/> RIG <input type="checkbox"/> TPN <input type="checkbox"/>				
	<b>Feeding</b>	Independent <input type="checkbox"/> Requires assistance <input type="checkbox"/>				
<b>Continance &amp; Skin</b>	<b>Bladder</b>		<b>Bowel</b>		<b>Skin</b>	
	Catheter Yes <input type="checkbox"/> No <input type="checkbox"/> Independent with: toilet/commode/urinal <input type="checkbox"/> Requires assistance: Assist + 1 <input type="checkbox"/> Assist + 2 <input type="checkbox"/>		Independent with: toilet/commode <input type="checkbox"/> Requires assistance: Assist + 1 <input type="checkbox"/> Assist + 2 <input type="checkbox"/>		Waterlow Score: _____ Braden Score: _____ Pressure Sore Yes <input type="checkbox"/> No <input type="checkbox"/> Grade/location:	
<b>Mobility</b>	<b>Sitting Out</b>	<b>Transfers</b>		<b>Walking</b>	<b>Washing &amp; Dressing</b>	
	Standard Chair <input type="checkbox"/> Special Seating <input type="checkbox"/> Unable <input type="checkbox"/>	Independent <input type="checkbox"/> Assist +1 <input type="checkbox"/> Assist + 2 <input type="checkbox"/> Hoisted <input type="checkbox"/>		Independent <input type="checkbox"/> Assist + 1 <input type="checkbox"/> Assist + 2 <input type="checkbox"/> Unable <input type="checkbox"/>	Independent <input type="checkbox"/> Assisi + 1 <input type="checkbox"/> Assist + 2 <input type="checkbox"/>	
<b>Weight Bearing</b>	<b>Upper limbs:</b>					
	<b>Lower limbs:</b>					
<b>Equipment</b>	<input type="checkbox"/> Orthotics/prosthetics/splints <input type="checkbox"/> Mobility aids/transfer equipment <input type="checkbox"/> Specialist seating <input type="checkbox"/> Bed/posture management <input type="checkbox"/> Activities of daily living equipment <input type="checkbox"/> Other (e.g. environmental controls)					



Signature \_\_\_\_\_ 3 Date \_\_\_\_\_

## Current Level of Functioning

### Cognition, Behaviour, Mood,

Orientation, memory (PTA) executive functioning, perception, anxiety, depression, compliance, etc.

### Communication

Comprehension, expression, vision, hearing, reading, etc. Language (interpreter required).

### Respiratory Functioning

Details on ventilation, weaning, oxygen support, suctioning, infection status, etc.

### Continence and Skin

Level of assistance/devices / medication required to manage bladder and bowel.  
Details on skin condition and management.



Signature \_\_\_\_\_ 4 Date \_\_\_\_\_

### Nutrition and Swallow

Include weight/BMI, swallow studies, and ability to feed. Management plan for impaired swallow.

### Mobility and ADL's

Details on musculoskeletal, weight-bearing, sensorimotor, spasticity, pain, contractures, and fatigue. Include level of assistance, equipment, and ongoing management.

### Risks Identified

Medically unstable <input type="checkbox"/> include medical report	Falls Risk <input type="checkbox"/>
Seizures <input type="checkbox"/>	Purposeful Walking <input type="checkbox"/>
Requires 1:1 care <input type="checkbox"/> Supervision <input type="checkbox"/>	Distressed Behaviours: Verbally <input type="checkbox"/> Physically <input type="checkbox"/>
High BMI <input type="checkbox"/> Low BMI <input type="checkbox"/>	Safeguarding <input type="checkbox"/>

### Equipment Needs

Standard or bespoke. Seating, transfers/mobility aids, environmental controls, etc.

### Psychosocial

Include patient/family wishes. Immigration/residency, safeguarding (TUSLA), forensic history

Alcohol / Smoking/ Drug or Substance Misuse



Signature \_\_\_\_\_ 5 Date \_\_\_\_\_

## Outcome Measures

Please complete a Quality of Life Measure and at least one functional outcome measure.

<input type="checkbox"/> FIM+FAM	<input type="checkbox"/> Barthel Index	<input type="checkbox"/> SCIM
<input type="checkbox"/> Satisfaction with Life Scale	<input type="checkbox"/> New Mobility Score	<input type="checkbox"/> WHIM
<input type="checkbox"/> EQ-5DL	<input type="checkbox"/> NPDS	<input type="checkbox"/> NIS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIM+FAM: Functional Independence Measure + Functional Activity Measure. SCIM: Spinal Cord Independence Measure. EQ-5DL: European Quality of Life 5 Dimension. NPDS: Northwick Park Dependency Scale. WHIM Wessex Head Injury Matrix. NIS Neurological Impairment Scale

## Anticipated challenges that may impact discharge

E.g., home environment, unstable medical status, etc.

## Ongoing Rehabilitation Needs

## Comments

<input type="checkbox"/> Medical assessment/Management	
<input type="checkbox"/> Mobility	
<input type="checkbox"/> ADL's	
<input type="checkbox"/> Pain Management	
<input type="checkbox"/> Neurorehabilitation	
<input type="checkbox"/> Spasticity Management	
<input type="checkbox"/> Postural Management/Contractures	
<input type="checkbox"/> Specialist Seating	
<input type="checkbox"/> Orthotics	
<input type="checkbox"/> Splinting	
<input type="checkbox"/> Wound Management	
<input type="checkbox"/> Respiratory Management	
<input type="checkbox"/> Swallow	
<input type="checkbox"/> Nutrition	
<input type="checkbox"/> Continence	
<input type="checkbox"/> Disability Management	
<input type="checkbox"/> Palliative Medicine	
<input type="checkbox"/> Cognitive Rehabilitation	
<input type="checkbox"/> Communication	
<input type="checkbox"/> Behavioural Support	
<input type="checkbox"/> Psychological Support	
<input type="checkbox"/> Psychiatric	
<input type="checkbox"/> Environmental Assessment	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Pharmacy	
<input type="checkbox"/> Prosthetics	
<input type="checkbox"/> Amputee Rehabilitation	
<input type="checkbox"/> Social Care	
<input type="checkbox"/> Vocational	
<input type="checkbox"/> Carer training/education	
<input type="checkbox"/> Education	
<input type="checkbox"/> Safeguarding	
<input type="checkbox"/> Other	



Signature \_\_\_\_\_ 6 Date \_\_\_\_\_

Additional Comments / Actions for GP or Patient

### Discharge Planning

The Rehabilitation Prescription must be completed before patients transfer out of the acute hospital. The RP should be provided to the patient/family, the GP, the facility the patient has been transferred to, and all services that the patient has been referred to.

Please review and update the following complexity measures:

- Complex Needs Checklist (CNC)
- Rehabilitation Complexity Scale-Extended (RCS-E). **Please record Discharge RCS-E: \_\_\_\_ / 22**
- Categorisation of rehabilitation services required to meet the patient's needs.

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.
<input type="checkbox"/> Complex neuro-rehabilitation <input type="checkbox"/> Prolonged Disorder of Consciousness <input type="checkbox"/> Tracheostomy weaning <input type="checkbox"/> Ventilatory support <input type="checkbox"/> Complex nutrition / swallow issues <input type="checkbox"/> Profound disability / neuro-palliative rehabilitation <input type="checkbox"/> Intrathecal baclofen pump <input type="checkbox"/> Neuro-psychiatric rehabilitation <input type="checkbox"/> Post ICU syndrome <input type="checkbox"/> Complex MSK management <input type="checkbox"/> Complex amputee rehabilitation needs <input type="checkbox"/> Complex pain management <input type="checkbox"/> Specialist bespoke equipment needs <input type="checkbox"/> Other	<input type="checkbox"/> Complex communication support <input type="checkbox"/> Cognitive assessment / management <input type="checkbox"/> Challenging Behaviour management <input type="checkbox"/> Risk Management <input type="checkbox"/> Mental Health difficulties Pre-injury <input type="checkbox"/> Post-injury <input type="checkbox"/> <input type="checkbox"/> Mood evaluation/ psychological support <input type="checkbox"/> Major family distress/support <input type="checkbox"/> Emotional load on staff <input type="checkbox"/> Other	<input type="checkbox"/> Complex discharge planning e.g. <input type="checkbox"/> Housing/placement issues <input type="checkbox"/> Major financial issues <input type="checkbox"/> Uncertain immigration status <input type="checkbox"/> <input type="checkbox"/> Drugs/alcohol misuse <input type="checkbox"/> Complex medico-legal issues (Best interest issues, safeguarding) <input type="checkbox"/> Vocational/job role requiring specialist vocational rehab <input type="checkbox"/> Other

#### Rehabilitation Services Required (Categorisation of Rehabilitation Services)

- Tertiary Complex Specialist Rehabilitation (National Rehabilitation Hospital)
- Specialist Inpatient Rehabilitation Services (Geriatric & Rehabilitation Medicine led)
- Community Rehabilitation Services
- No Rehabilitation

Onward Referrals	Recommended	In Progress	Completed
Complex Discharge Planner (Neurorehabilitation)			
Public Health Nurse			
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			

Signature \_\_\_\_\_ 7 Date \_\_\_\_\_



Applications			
Medical Card			
Benefits (Income)			
Rental Allowance			
Home Support Services			
Home Adaptation Grant			
Nursing Home Support Scheme			
Long Term Care Facility			
Residency Status			
Other			
<b>Additional Information / Patient Comments i.e. What is important to you?</b>			
<b>Contact Details of Key Worker / Lead Professional</b>			
Name _____ Profession _____ Contact _____			
<b>Confirmation of RP sent:</b> Y <input type="checkbox"/> N <input type="checkbox"/> Date RP Sent: _____			
Agencies RP sent to (must be sent to GP):			



Signature \_\_\_\_\_ 8 Date \_\_\_\_\_



# Appendix 1

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

For each subscale, circle highest level applicable

## CARE or RISK

Describes the level of support the patient 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**

## BASIC CARE AND SUPPORT NEEDS

Includes assistance for basic care activities (either physical help or stand0by 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 ie for washing, dressing, toileting etc. May have incidental help from a 2 <sup>nd</sup> 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

## 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 eg due to confusion, impulsive behaviour or neuropsychiatric disturbance )

Includes supervision to maintaining safety or managing confusion eg 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 <u>Able to maintain their own safety at all times</u>
R 1	Low risk – standard precautions only for safety monitoring within a structured environment But requires escorting outside the unit <u>Maintains own safety within a structured environment, requiring only routine checks, but requires accompanying when outside the unit</u>
R 2	Medium risk – additional safety measures <u>OR</u> managed under MHA section <u>Additional safety measures even within a structured environment, eg alarms, tagging, or above standard monitoring (eg 1-2 hrly checks)</u> <u>OR managed under section of the Mental Health Act (time for additional paperwork etc)</u>
R 3	High risk –Frequent observations (May also be managed under MHA section) <u>Needs frequent observations even within a structured environment, eg ½ -1 hrly checks, or 1:1 supervision for part(s) of the day/night</u>
R 4	Very high risk - Requires constant 1:1 supervision <u>Needs 1:1 supervision all of the time</u>

Signature \_\_\_\_\_ 9 Date \_\_\_\_\_



SKILLED NURSING NEEDS Describes the level of skilled nursing intervention form 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)	General registered  nursing Rehab-trained  nurses Mental Health (RMN)  Palliative care nursing  Specialist neuro nurse (eg 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 <ul style="list-style-type: none"> <li>• Management of tracheostomy Management of challenging behaviour / psychosis / complex psychological needs</li> <li>• Highly complex postural, cognitive or communication needs</li> <li>• Vegetative or minimally responsive states, locked-in syndromes</li> </ul>	
N 4	Requires high dependency specialist nursing (high level nursing skills and intensive input) eg medically unstable, requiring very frequent monitoring/ intervention by a qualified nurse - hourly or more often, (usually also specialist training eg IV drug administration or ventilation etc).	
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 x2-3 per week, with routine consultant ward-round + telephone advice if needed)	Blood tests  Imaging (CT / MRI) Other Investigation State type.....  Medication adjustment / monitoring  Surgical procedure (eg tenotomy) State type.....  Medical procedure (eg Botulinum toxin) State type..... ..... Specialist opinion State discipline.....  Medico-legal or capacity issues  Other.....
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.	
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.	
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. ie actual involvement of the 24 hour medical (or surgical or psychiatric) services, whether on a planned or unplanned basis	



**THERAPY NEEDS**  
Describes the  
a) number of different therapy disciplines required and  
b) intensity of treatment  
Includes individual or group-based session runs by therapists, but NOT rehabilitation input from nursing staff which is counted in N2.  
(NB The Northwick Park Therapy Dependency Assessment (NPTDA) can be used to calculate total therapy hours in more complex cases e.g. 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	<b>Tick therapy disciplines required:</b> Physio O/T SLT Dietetics Social Work Other	Psychology Counselling Music/art therapy Play therapy/school DEA/Jobcentre Plus Recreational therapy Other	Orthotics Prosthetics Rehab Engineer Other:
TD 1	1 discipline 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 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 (eg assessment / review / maintenance / supervision) <u>OR</u> Group therapy sessions only (ie Patient 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 <u>OR very intensive</u> Group programme of ≥6 hours/day (ie Patient 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 Patient requires a second pair of hands for some treatment sessions, treatments ( eg physical handling) and so is treated by a therapist with an assistant ( who may be unqualified) <u>OR</u> they require an intensive programme ≥25 hours of total therapy time per week, (eg 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 (eg 2 trained therapists to treat, or total 1:1 therapy >30 hrs/week) Patient has very complex therapy needs requiring two trained therapists at a time (with or without a 3 <sup>rd</sup> assistant) – eg for complex physical handling needs, management of unwanted behaviours etc <u>OR</u> they require a very intensive programme involving > 30 hours of total therapy time per week.
Total	Total T score (TD + TI) :.....

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

## RCS v 13 – extended: Service Summary Sheet

CENTRE DETAILS	
Name of centre	
No of neuro-rehabbeds	
Type of service	<input type="checkbox"/> Complex specialised rehabilitation service <input type="checkbox"/> Specialist rehabilitation service <input type="checkbox"/> General rehabilitation service
Sample of patients	<input type="checkbox"/> All current in-patients <input type="checkbox"/> Selected sample from a total of .....

REHABILITATION COMPLEXITY SCORES for current in-patients: Date.../.../....

No.	Patient	Care	Risk	Nursing	Medical	Therapy		Equip	Total	Comment
		0-4	0-4	N 0-4	M 0-4	TD 0-4	TI 0-4	E 0-2		
1										
2										
3										
4										
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30										

*Photocopy if necessary to include further patients. NB. Total RCS score = sum of C or R (use highest score) + N, M, TD, TI & E*



Signature \_\_\_\_\_ 12 Date \_\_\_\_\_



Signature \_\_\_\_\_

Date \_\_\_\_\_