

**Clinical Practice Guideline 24:**

**Rehabilitation**

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**KEY MESSAGES**

- Rehabilitation aims to return individuals to their maximum levels of function and improve quality of life following major trauma.
- Rehabilitation is an essential component of the major trauma network.
- Early implementation of rehabilitation results in improved functional outcomes for patients and promotes reintegration into society.
- Multidisciplinary rehabilitation is cost effective and optimises patient flow within the trauma pathway.
- The rehabilitation prescription is a regional document which ensures that the patient's rehabilitation needs are identified and a rehabilitation plan is implemented.

*NIMTN Clinical Practice Guidelines are intended to inform standardised, best-practice care for injured patients across Northern Ireland. Although they are based on up to date evidence at the time of writing, readers should note that it remains the responsibility of individual clinicians to make final decisions regarding the most appropriate treatment for specific patients in their care.*

*Prehospital practitioners employed by Northern Ireland Ambulance Service (including those involved in specialist teams such as HEMS and HART) may find these guidelines informative but should continue to follow guidance contained within JRCALC, NIAS and HEMS guidelines and SOPs.*

## Background

Major trauma often results in people living with significant disability which impacts negatively on quality of life (QOL). Rehabilitation forms a critical component of the patient pathway following major trauma. An effective major trauma network ensures an increasing number of people survive multiple traumatic injuries due to improvements in emergency, surgical and trauma services. Rehabilitation is therefore necessary to maximise patients' functional outcomes and promote successful reintegration into society.

After major trauma many patients will require input from rehabilitation services to speed physical, functional and psychological recovery after injury. A proportion of patients will have complex needs necessitating inpatient rehabilitation from a multidisciplinary team with expertise. A larger group of patients will need ongoing support, rehabilitation and re-enablement once they are discharged home.

The NI Major Trauma Network has invested in rehabilitation and recognised the crucial role it plays in ensuring the network achieves its aim of improving patient care and access to services regionally.

The ultimate goal of rehabilitation is to return individuals to their maximum levels of function and improve quality of life.

## Related Guidelines

[CPG 23: The Major Trauma Ward](#)

### Early Involvement from Rehabilitation Specialists

Early recognition and initiation of rehabilitation in patients following major trauma is associated with improved functional outcomes. The Major Trauma Service employs two dedicated Non-medical Consultants (NMC) for Major Trauma Rehabilitation, who work alongside Consultants in Rehabilitation Medicine. The non-medical consultants (NMC) are integrated into the Major Trauma Centre (MTC) team and attend the daily ward round. The Major Trauma Service has an acute specialist multidisciplinary rehabilitation team for major trauma patients lead by the NMCs.

The non-medical consultants are primarily responsible for;

- The assessment of patients' rehabilitation needs and completion of the rehabilitation prescription.
- Maintaining an overview of the treatment plans for patients under the care and review of the Major Trauma Team.
- Co-ordinating the multi-disciplinary rehabilitation team and promote a goal centred approach to patient care.
- Liaise closely with the patient's family on matters relating to rehabilitation goals, setting expectations and discharge planning.

- Collaborating with the multidisciplinary team to ensure appropriate onward referral.
- Leading a weekly Major Trauma review clinic, ensuring the continuum of rehabilitation provision across the patient’s recovery pathway.

## Rehabilitation Prescription

Individuals admitted to the MTC with an Injury Severity Score (ISS) estimated to be 9 or more should have their rehabilitation needs assessed and a rehabilitation prescription (RP) completed. The non-medical consultant alongside the multidisciplinary team, will be responsible for the accurate completion of the rehabilitation prescription. The rehabilitation prescription is used to document the rehabilitation needs of patients and identify how their needs should be addressed. The rehabilitation prescription is commenced, where appropriate, within 48hours of admission to the MTC or discharge from ICU.

An important role of the rehabilitation prescription is to signpost patients down the appropriate pathway. The RP will be the patient’s actual prescription for on-going rehabilitation at discharge from the MTC and provides the essential dataset for TARN.

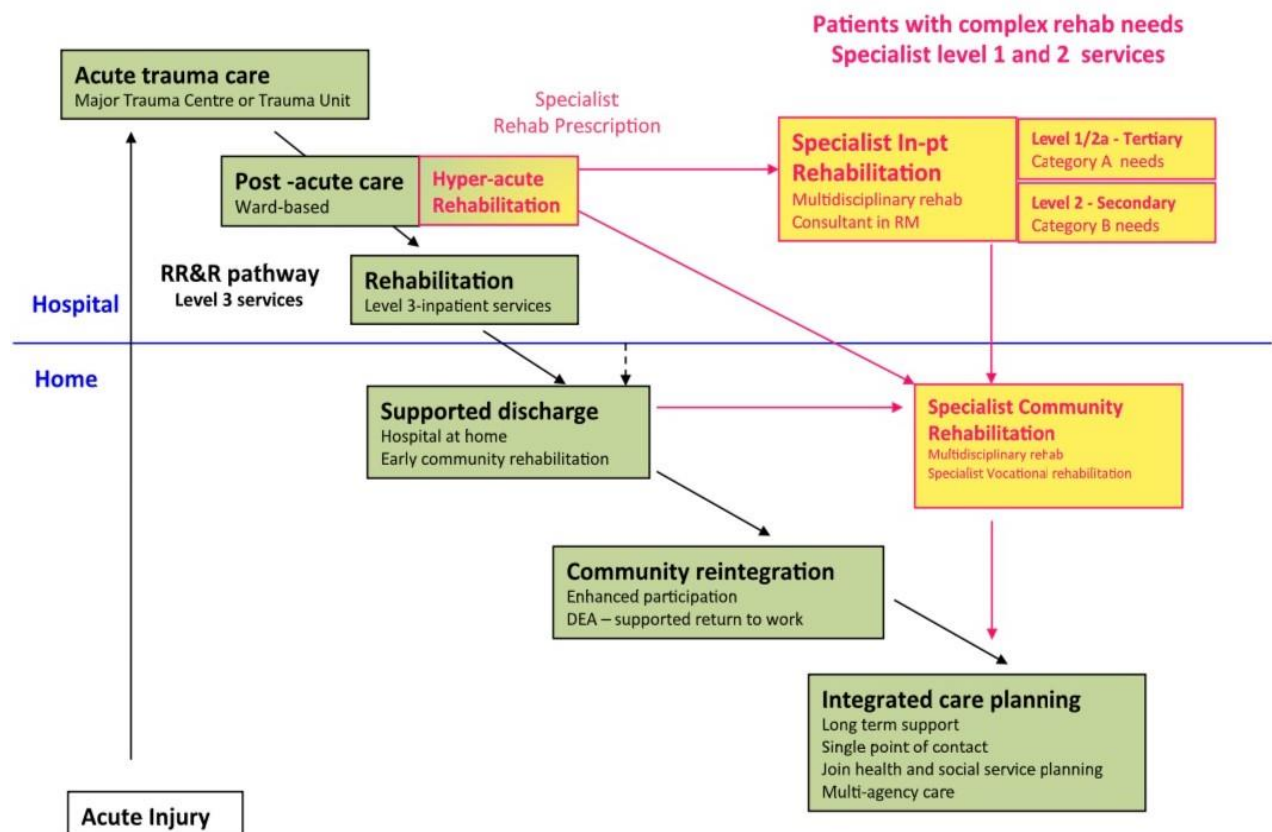


Figure 1: Pathway for patients with trauma (BSRM core standards page 5, 2018)

The **Rehabilitation Prescription (RP)** encompasses several components;

- *Section 1* is a description of injuries, relevant psycho-social background, risks and treatments to date. Completed by a trauma co-ordinator or a band 7 Allied Health Professional (AHP) or therapist.
- *Section 2* is an individualised description of rehabilitation needs or recommendations. It is completed by a non-medical consultant in major trauma rehabilitation or Consultant in Rehabilitation medicine, if appropriate within 3 calendar days.
- Multidisciplinary goals section, which is completed in conjunction with the patients and family/carers.
- A section for documentation of information, advice or guidance provided to the patient, family or carer.
- A nursing and AHP handover for patients transferred to another rehabilitation unit or repatriated to a district general hospital. This should reflect the patient's needs at the time of transfer and plans for review/follow-up by the MTC.
- A rehabilitation passport which summaries the patients injuries, outlines the plan for ongoing rehabilitation and follow-up/review. A copy is provided to the patient and GP on discharge from the MTC.

### **Rehabilitation Services in Northern Ireland**

The aim of the NIMTN is the establishment of integrated rehabilitation services regionally. A directory of the current inpatient and outpatient rehabilitation services for patients with major trauma has been compiled by the NIMTN Nursing and AHP subgroup. This is available on the NIMTN website <http://www.hscboard.hscni.net/majortrauma/nimtn-documents/>

## Major Trauma Review Clinic

A Major Trauma outpatient follow-up clinic is held on a weekly basis in the MTC to ensure that patients' ongoing rehabilitation needs are met. The aim of the service is to optimise functional outcomes for patients, promote return to work and participation level of rehabilitation.

### *Criteria;*

- Aged 16 and over
- Initial Injury Severity Score of 9 or higher
- Inpatient review by Major Trauma Team
- Required input from two medical or surgical specialities in relation to traumatic injuries
- Patient consenting and willing to engage with rehabilitation with the wider MDT
- Patient not fitting above criteria but deemed appropriate following discussion with Non-Medical Consultant in charge of Clinic

## Repatriation

Each of the Northern Ireland Health and Social care trust have established pathways in place for repatriation of major trauma patients from the MTC. These are contained within [CPG 23: The Major Trauma Ward](#). Please refer to reverse-referral flowchart of patients in the MTC.

## References

British Society of Rehab Medicine. Specialist Rehabilitation in the Trauma Pathway: BSRM Core Standards. 2018. Available from: <https://www.bsrn.org.uk/downloads/bsrm-core-standards-for-major-trauma-19.11.2018-clean-for-web.pdf> [Accessed 12th January 2021]

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