



Tick all that apply	Details and Plan
<b>Neurological/Locomotor</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> UCLs <input type="checkbox"/> V <input type="checkbox"/> M <input type="checkbox"/> Tone</li> <li><input type="checkbox"/> Motor loss</li> <li><input type="checkbox"/> Sensory loss/hyperaesthesia</li> <li><input type="checkbox"/> Visual impairment</li> <li><input type="checkbox"/> Hearing impairment</li> <li><input type="checkbox"/> Increased tone</li> <li><input type="checkbox"/> Decreased tone</li> <li><input type="checkbox"/> Contracture</li> <li><input type="checkbox"/> Pain</li> <li><input type="checkbox"/> Other musculoskeletal problem</li> <li><input type="checkbox"/> Spelling/orthotics required</li> </ul>	<b>Contingence</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continent – independent</li> <li><input type="checkbox"/> Continent – assistance of ____ persons</li> <li><input type="checkbox"/> Urinary incontinence</li> <li><input type="checkbox"/> Catheter/pads/<del>convent</del></li> <li><input type="checkbox"/> Urine retention</li> <li><input type="checkbox"/> Faecal incontinence</li> <li><input type="checkbox"/> Constipation</li> <li><input type="checkbox"/> Bowel regime</li> </ul>
<b>Respiratory</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Self ventilation</li> <li><input type="checkbox"/> Additional ventilation type?</li> <li><input type="checkbox"/> Tracheostomy</li> <li><input type="checkbox"/> IT tube</li> <li><input type="checkbox"/> Oxygen therapy</li> <li><input type="checkbox"/> Weaning plan/management plan</li> <li><input type="checkbox"/> Chest physiotherapy/vacuum</li> </ul>	<b>Skin</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pressure sore risk score (type of scoring used)</li> <li><input type="checkbox"/> Pressure sore/s identified</li> <li><input type="checkbox"/> Other wounds</li> </ul>
<b>Mobility &amp; Transfers</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Normal in bed</li> <li><input type="checkbox"/> Independent sitting/balance</li> <li><input type="checkbox"/> Wheelchair/transfer seating</li> <li><input type="checkbox"/> Walks independently</li> <li><input type="checkbox"/> Unable to walk</li> <li><input type="checkbox"/> Walks with help of ____ persons</li> <li><input type="checkbox"/> Walks with supervision only</li> <li><input type="checkbox"/> Walks with an aid</li> <li><input type="checkbox"/> Transfers independently</li> <li><input type="checkbox"/> Transfers with help of ____ persons</li> </ul>	<b>Washing &amp; Dressing</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Requires prompts/supervision only</li> <li><input type="checkbox"/> Requires assistance of ____ persons</li> <li><input type="checkbox"/> Unable to participate in any way</li> </ul>

Functional Status and Intervention Continued:	Details and Plan
<b>Communication</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not impaired</li> <li><input type="checkbox"/> Impaired</li> <li><input type="checkbox"/> Expressive dysphasia</li> <li><input type="checkbox"/> Receptive dysphasia</li> <li><input type="checkbox"/> Communication aids used</li> <li><input type="checkbox"/> Type of aid</li> <li><input type="checkbox"/> SLT required</li> <li><input type="checkbox"/> Dysarthria</li> <li><input type="checkbox"/> Other communication deficits</li> </ul>	<b>Nutrition &amp; Hydration Status</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Swallowing not impaired</li> <li><input type="checkbox"/> Swallowing impaired</li> <li><input type="checkbox"/> Nil by mouth</li> <li><input type="checkbox"/> Modified diet – type</li> <li><input type="checkbox"/> Modified fluids – type</li> <li><input type="checkbox"/> Independent with/without aids</li> <li><input type="checkbox"/> Requires prompting/supervision only</li> <li><input type="checkbox"/> Requires assistance of ____ persons</li> <li><input type="checkbox"/> Fed via NGT/PEG/PEJ/TEN</li> <li><input type="checkbox"/> Dietitian required</li> <li><input type="checkbox"/> SLT required</li> </ul>
<b>Washing &amp; Dressing</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Requires prompts/supervision only</li> <li><input type="checkbox"/> Requires assistance of ____ persons</li> <li><input type="checkbox"/> Unable to participate in any way</li> </ul>	

Summary of impairments / function at a glance (This section is optional as the information is included in the NRS and Impairment sets)			
<b>Sensory and upper limb</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vision</li> <li><input type="checkbox"/> Intact</li> <li><input type="checkbox"/> Impaired</li> <li><input type="checkbox"/> Unassessable</li> </ul>	<b>Hearing</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intact</li> <li><input type="checkbox"/> Impaired</li> <li><input type="checkbox"/> Unassessable</li> </ul>	<b>Perception</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intact</li> <li><input type="checkbox"/> Impaired</li> <li><input type="checkbox"/> Unassessable</li> </ul>	<b>Upper limb function</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intact</li> <li><input type="checkbox"/> Impaired</li> <li><input type="checkbox"/> Non functional</li> </ul>
<b>Posture and pressure management</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sitting out</li> <li><input type="checkbox"/> Standard chair</li> <li><input type="checkbox"/> Special seating</li> <li><input type="checkbox"/> Unable</li> </ul>	<b>Pressure relief</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Assisted + 1</li> <li><input type="checkbox"/> Assisted + 2</li> <li><input type="checkbox"/> Unable</li> </ul>	<b>Pressure sores</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> Location and grade</li> <li><input type="checkbox"/> No</li> </ul>	<b>Risk</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Moderate</li> <li><input type="checkbox"/> Severe</li> <li><input type="checkbox"/> High risk</li> <li><input type="checkbox"/> None</li> </ul>
<b>Mobility</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Transfers</li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Assisted + 1</li> <li><input type="checkbox"/> Assisted + 2</li> <li><input type="checkbox"/> Monitored</li> </ul>	<b>Walking</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Assisted + 1</li> <li><input type="checkbox"/> Assisted + 2</li> <li><input type="checkbox"/> Unable</li> </ul>	<b>Wheelchair</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> None required</li> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Assisted + 1</li> <li><input type="checkbox"/> Assisted + 2</li> <li><input type="checkbox"/> Pads</li> </ul>	<b>Wandering</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Low risk</li> <li><input type="checkbox"/> High risk</li> </ul>
<b>Spinal/neck and Confidence</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Head/neck control</li> <li><input type="checkbox"/> Toilet</li> <li><input type="checkbox"/> Commode/urinal</li> <li><input type="checkbox"/> Catheter/converse</li> <li><input type="checkbox"/> Pads</li> </ul>	<b>Bladder control</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Assisted + 1</li> <li><input type="checkbox"/> Assisted + 2</li> <li><input type="checkbox"/> Pads</li> </ul>	<b>Bowel control</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toilet</li> <li><input type="checkbox"/> Commode</li> <li><input type="checkbox"/> Assisted + 1</li> <li><input type="checkbox"/> Assisted + 2</li> </ul>	<b>Bowel Assistance</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Assisted + 1</li> <li><input type="checkbox"/> Assisted + 2</li> </ul>
<b>Nutrition</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consistency of diet</li> <li><input type="checkbox"/> Normal diet/fluids</li> <li><input type="checkbox"/> Soft/purified</li> <li><input type="checkbox"/> NG/PEG feed</li> </ul>	<b>Swallowing</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Impaired</li> </ul>	<b>Feeding</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Assisted + 1</li> <li><input type="checkbox"/> None</li> </ul>	<b>Nutrition MUST score:</b>
<b>Vitality</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Oxygen support</li> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<b>Tracheostomy</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<b>Vitality support</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Full support</li> <li><input type="checkbox"/> Assisted (CPAP/BIPAP)</li> <li><input type="checkbox"/> None</li> </ul>	<b>Details:</b>
<b>Cognitive / communication</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Communication</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Impaired</li> <li><input type="checkbox"/> Unable</li> </ul>	<b>Cognitive</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Impaired</li> <li><input type="checkbox"/> Unconscious</li> </ul>	<b>Behaviour</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Impaired</li> </ul>	<b>Mood</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Impaired</li> </ul>


Clinical needs assessment: Does the patient have any of the following needs?			
<input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neuro-rehabilitation <input type="checkbox"/> Amputee rehabilitation <input type="checkbox"/> Complex mental health <input type="checkbox"/> Profound disability <input type="checkbox"/> Complex pain management	<input type="checkbox"/> Mood evaluation <input type="checkbox"/> Communication <input type="checkbox"/> Challenging behaviour <input type="checkbox"/> Cognitive assessment <input type="checkbox"/> Low awareness state <input type="checkbox"/> Emotional support	<b>Rehab prescription: Required</b> <input type="checkbox"/> Not appropriate <b>Factors affecting rehabilitation</b> physical Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> cognitive/mood Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> psychosocial Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	<input type="checkbox"/>
<b>Does the patient have 2 or more identified clinical needs?</b> Yes <input type="checkbox"/> (please complete the following and refer to Trauma Rehabilitation on Bleep 4014) No <input type="checkbox"/> (please complete the following and provide GP and patient with a copy on discharge/transfer)			
<b>Please indicate professions required to support identified needs:</b>			
<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Pain Team <input type="checkbox"/> Rehab medicine Additional Therapies/Information:	<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Spinal Injuries <input type="checkbox"/> Tissue Viability <input type="checkbox"/> Palliative Care	<input type="checkbox"/> Dietician <input type="checkbox"/> Orthotics <input type="checkbox"/> Speech and Language Therapy <input type="checkbox"/> Psychology <input type="checkbox"/> Social services	<input type="checkbox"/>
<b>Provisional Rehabilitation Level:</b> Level 1 <input type="checkbox"/> Level 2a <input type="checkbox"/> Level 2b <input type="checkbox"/> Level 3 <input type="checkbox"/>			
Name: _____ Sign: _____ Date: ____/____/____		Page 1 of 2	
PRC: ____/____/____ Print Ref: (if required)		Date of issue: ____/____/____ Review Date: ____/____/____	

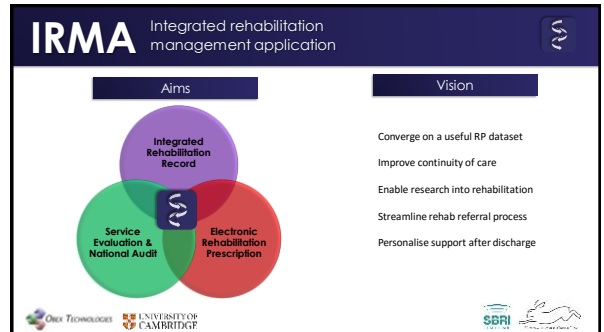
Social History	
Home Environment	
Pre-morbid Function	
Support Network	
Employment History	
Return to Work Advice	
Leisure Activities	
Return to Leisure Activities Advice	
Social Care & Benefits	
Driving Information	
<b>Summary of Inpatient Episode</b> (Has to be completed at each stage of the patient journey by all members of the treating team i.e. from GICU to Holdsworth to Kent)	


Weight Bearing Status	
ROM Restrictions	
Braces / Splints / Casts	
Follow Up Plans	
<b>&gt;24hr Tertiary Survey Performed</b>	Name: _____ Date: ____/____/____
<b>Prognosis + recovery discussed with patient (further details below)</b>	Work Yes / No Driving Yes / No Recreation Yes / No
<b>(Service being referred to (including contact, if known))</b>	<b>What does the patient require (e.g. inpatient or outpatient), please indicate level of urgency</b>
<b>Referring clinician</b>	
<b>Discharge</b> Return to work prognosis – Return to driving prognosis – Return to sport prognosis – Range of motion / mobility on discharge: Goals: Outstanding issues (e.g. equipment or other services likely to be of benefit)	


<b>15. Additional Information:</b> <ul style="list-style-type: none"> <li>Have you reviewed your driving status? No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/></li> <li>Do you need to inform the DVLA? No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/></li> <li>Have you received return to work advice? No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/></li> <li>Do you require a fitness to work certificate for your employer? No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/></li> <li>Have you received mobility advice? No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/></li> <li>(For example when you will be able to walk, or play sport?) No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/></li> <li>Have you received advice regarding when you can fly? No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/></li> <li>Have you received advice regarding what benefit entitlement? No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/></li> <li>Have you been offered an appointment with the legal service? No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/></li> </ul>									
List of benefits (if appropriate):									
<b>16. Useful Contacts:</b> <table border="0"> <tr> <td>PALS:</td> <td>Current Rehab Lead:</td> </tr> <tr> <td>Telephone:</td> <td>Name:</td> </tr> <tr> <td>Email: pals@hufs.nhs.uk</td> <td>Telephone:</td> </tr> <tr> <td></td> <td>Email:</td> </tr> </table>		PALS:	Current Rehab Lead:	Telephone:	Name:	Email: pals@hufs.nhs.uk	Telephone:		Email:
PALS:	Current Rehab Lead:								
Telephone:	Name:								
Email: pals@hufs.nhs.uk	Telephone:								
	Email:								
<b>17. Rehab Prescription Received and Explained:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>									

TARN Metrics																	
All Fields are Mandatory																	
Has a Rehabilitation Prescription been completed?	Yes	Not Required															
Presence of physical factors affecting activities or participation	Yes	No															
Presence of cognitive/mood factors affecting activities or participation	Yes	No															
Presence of psychosocial factors affecting activities or participation	Yes	No															
Glasgow Outcome Score on Discharge	Score *																
Transferred to Rehab service within 5 working days of decision to accept	Yes	No															
Rehabilitation Prescription sent with patient	Yes	No															
Rehabilitation Prescription Summary filed in patients notes	Yes	No															
Continuation of Rehabilitation needed	Yes	No															
Transferred DIRECT to rehabilitation service	Yes	No															
Transferred to A&E/AT specialist rehabilitation service?	Yes	No															
<b>Confirmation of Prescription Completion</b> <table border="1"> <thead> <tr> <th>Name</th> <th>Date</th> <th>Signature</th> </tr> </thead> <tbody> <tr> <td>Rehab Consultant or</td> <td></td> <td></td> </tr> <tr> <td>Lead Therapist or</td> <td></td> <td></td> </tr> <tr> <td>Lead Consultant or</td> <td></td> <td></td> </tr> <tr> <td>PHC:</td> <td></td> <td></td> </tr> </tbody> </table>			Name	Date	Signature	Rehab Consultant or			Lead Therapist or			Lead Consultant or			PHC:		
Name	Date	Signature															
Rehab Consultant or																	
Lead Therapist or																	
Lead Consultant or																	
PHC:																	
One of the above professionals must 'sign off' the completed prescription.																	


<b>Your injuries/operations:</b> 
<b>Your medications will be listed separately in your discharge letter (eDan).</b>
<b>Your follow-up appointments:</b>

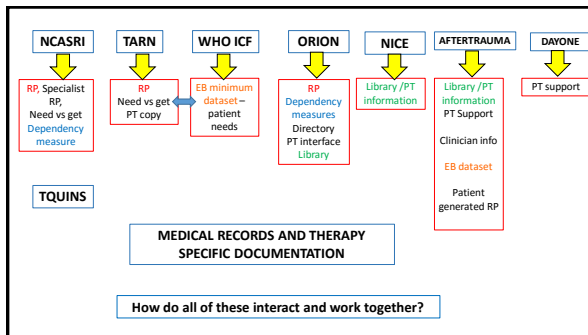


IRMA Integrated rehabilitation management application
<b>Example screenshot</b> 
<ul style="list-style-type: none"> <li>Allows for completion of HQIP Audit</li> <li>Many options on assessment forms</li> <li>Dashboards for users</li> </ul>



IRMA Integrated rehabilitation management application	
<b>Successes</b> <ul style="list-style-type: none"> <li>Developed a useful RP dataset</li> <li>Speeding up referrals</li> <li>Good engagement with clinicians</li> <li>Pull from some Trauma Units</li> <li>Growing high quality dataset</li> </ul>	<b>Challenges</b> <ul style="list-style-type: none"> <li>Information Governance delays</li> <li>Organisational change management</li> <li>Ownership within certain trusts</li> <li>Speed of technical development</li> </ul>





## Rehab Prescription vs Therapy report

- What is it?
- Who is it for?
- Can outcome be compared/ benchmark?
- What do the patients want?