

PICUPS Data Collection sheet and Rehabilitation Prescription

ICU step down data collection – PICUPS and Rehabilitation Prescription

NHS No		Ward	
Pt Name	Local use only	CCG	
DoB/...../..... (or Age)	Date Admitted to ICU/...../.....
Gender		Date Stepped down from ICU/...../.....
Ethnicity		Date discharged from acute care/...../.....

Essential information from ICU - Condition(s) that required ITU treatment

Primary Diagnosis		Summary of organ Impairment
Secondary diagnoses		<input type="checkbox"/> Respiratory <input type="checkbox"/> Liver <input type="checkbox"/> Cardiac <input type="checkbox"/> Brain <input type="checkbox"/> Vascular <input type="checkbox"/> Neuro/muscular <input type="checkbox"/> Renal <input type="checkbox"/> Other
Covid-related illness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	

Organ support requirements	Required on ITU	Duration	Still required at stepdown
ECMO	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Invasive ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-invasive ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tracheostomy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Renal replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Liver replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Inotropic support	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pain management	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI/kg/m ²	/kg/m ²

*NB This information should ultimately be available through linkage with ICNARC but will need to be collected directly during the Pilot period



At Step down from ICU - Post ICU Presentation Screen (PICUPS tool)

Domain	Item	Score	Score Triggers assessment by:	
Medical / Care	Medical stability	(0-5)	2, 3	Consultant in RM
	Basic care and safety	0-5)	≤ 4	O/T
Breathing / Nutrition	Ventilatory assistance	0-5)	≤ 4	P/T
	Tracheostomy care	0-5)	≤ 4	P/T, SLT, ENT
	Trache weaning	0-5)		
	Cough / Secretions	0-5)	≤ 4	P/T
	Nutrition / feeding	0-5)	≤ 4	Dietician, SLT, O/T
Physical Movement	Repositioning in bed	0-5)	≤ 4	P/T O/T
	Transfers (bed / chair)	0-5)	≤ 4	P/T O/T
Communication / Cognition	Communication	0-5)	≤ 4	SLT, O/T
	Cognition & delerium	0-5)	≤ 4	Psychologist, O/T
	Behaviour	0-5)	≤ 4 ≤ 2 0	Psychologist / O/T Psychiatrist / neuropsychiatrist Liaise with existing MH team
Psychosocial	Mental Health	0-5)	≤ 4	Psychologist / psychiatrist, O/T
	Family distress	0-5)	≤2	Consultant in RM / Psychologist

In acute care phase - Optional additional information that may help team to formulate RP

PICUPS plus items

Domain	Item	Score	Score Triggers assessment by:	
Upper Airway	Dyspnoea	(0-5)	2, 3	P/T
	Voice	0-5)	≤ 4	SLT, ENT
	Swallowing	0-5)	≤ 4	SLT, Dietitian
Physical and Activities of daily living	Postural management / seating	0-5)	≤ 4	P/T, O/T
	Maintaining hygiene	0-5)	≤ 4	O/T
	Care needs	0-5)	≤ 4	O/T
	Moving around (indoors)	0-5)	≤ 4	P/T, O/T
	Arm and hand function	0-5)	≤ 4	O/T
Symptoms that interfere with daily activities	Fatigue	0-5)	≤ 4	P/T, O/T, Psychologist
	Pain	0-5)	≤ 4	P/T, O/T, Psychologist

If the patient is thought to have category A or B needs requiring further specialist in-patient rehabilitation.

Rehabilitation Complexity Scale – RCS-E v13 - acute

	On step down	On discharge	Disciplines required in acute care	Disciplines involved in acute care
Date:			<input type="checkbox"/> Physio	<input type="checkbox"/> Physio
Care /Risk (0-4)			<input type="checkbox"/> O/T	<input type="checkbox"/> O/T
Nursing (0-4)			<input type="checkbox"/> SLT	<input type="checkbox"/> SLT
Medical (0-6)			<input type="checkbox"/> Dietitian	<input type="checkbox"/> Dietitian
Therapy Disciplines (0-4)			<input type="checkbox"/> Psychology	<input type="checkbox"/> Psychology
Therapy Intensity (0-4)			<input type="checkbox"/> Social work	<input type="checkbox"/> Social work
Equipment (0-3)			<input type="checkbox"/> Consultant in RM	<input type="checkbox"/> Consultant in RM
			<input type="checkbox"/> Other	<input type="checkbox"/> Other

Complex Needs Checklist (CNC)

Checklist of needs that are likely to require specialist rehabilitation (tick any that apply)		Specialist needs?
Specialist rehab medical (RM) or neuropsychiatric needs	<input type="checkbox"/> On-going specialist investigation/ intervention <input type="checkbox"/> Complex / unstable medical/surgical condition <input type="checkbox"/> Complex psychiatric needs <input type="checkbox"/> Risk management or Treatment under section of the MHA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialist rehabilitation environment	<input type="checkbox"/> Co-ordinated inter-disciplinary input <input type="checkbox"/> Structured 24 hour rehabilitation environment <input type="checkbox"/> Highly specialist therapy /rehab nursing skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
High intensity	<input type="checkbox"/> 1:1 supervision <input type="checkbox"/> ≥4 therapy disciplines required <input type="checkbox"/> High intensive programme (>20 hours per week) <input type="checkbox"/> Length of in-patient rehabilitation ≥ 3 months	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialist Vocational Rehab	<input type="checkbox"/> Specialist vocational assessment <input type="checkbox"/> Multi-agency vocational support (for return to work /re-training /work withdrawal) <input type="checkbox"/> Complex support for other roles (eg single parenting)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medico-legal issues	<input type="checkbox"/> Complex mental capacity / consent issues <input type="checkbox"/> Complex Best interests decisions <input type="checkbox"/> DoLs / PoVA applications <input type="checkbox"/> Litigation issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialist facilities / equipment needs	<input type="checkbox"/> Customised / bespoke personal equipment needs (eg Electronic assistance technology, communication aid, customised seating, bespoke prosthetics/orthotics) <input type="checkbox"/> Specialist rehabilitation facilities (eg treadmill training, computers, FES, Hydrotherapy etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No

At discharge from acute care – the Rehabilitation Prescription

Rehabilitation Prescription – Minimum dataset

Does the patient have COMPLEX on-going clinical needs for rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If yes please tick all that apply)		
Complex Physical eg	Complex Cognitive / Mood eg	Complex Psychosocial eg
<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 / swallowing issues <input type="checkbox"/> Profound disability / neuro-palliative rehabilitation <input type="checkbox"/> Neuro-psychiatric rehab <input type="checkbox"/> Post ICU syndrome <input type="checkbox"/> Complex MSK management <input type="checkbox"/> Complex amputee rehabilitation needs <input type="checkbox"/> Re-conditioning / cardiopulm'y rehab <input type="checkbox"/> Complex pain rehabilitation <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"/> Mental Health difficulties <ul style="list-style-type: none"> o Pre-injury o Post injury <input type="checkbox"/> Mood evaluation / 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 eg <ul style="list-style-type: none"> o Housing / placement issues o Major financial issues o Uncertain immigration status <input type="checkbox"/> Drugs/alcohol misuse <input type="checkbox"/> Complex medicolegal issues (Best interests decisions, safeguarding, DOLS, litigation) <input type="checkbox"/> Educational <input type="checkbox"/> Vocational /job role requiring specialist vocational rehab <input type="checkbox"/> Other

Are they being transferred to the appropriate facility? Yes No

(If yes please tick all that apply)

What is the patients' rehabilitation need	What is the patients' destination	What is the reason for variance?
<input type="checkbox"/> Specialist inpatient rehabilitation <ul style="list-style-type: none"> <input type="checkbox"/> Category A <input type="checkbox"/> Category B <input type="checkbox"/> Specialist out-patient rehabilitation <ul style="list-style-type: none"> <input type="checkbox"/> Multidisciplinary <input type="checkbox"/> Single discipline <input type="checkbox"/> Non-specialist inpatient <ul style="list-style-type: none"> <input type="checkbox"/> Category C/D <input type="checkbox"/> Community rehabilitation <ul style="list-style-type: none"> <input type="checkbox"/> Specialist MDT <input type="checkbox"/> Generic MDT 	<input type="checkbox"/> Transferred for ongoing medical/surgical needs <input type="checkbox"/> Local hospital <ul style="list-style-type: none"> <input type="checkbox"/> Without specialist rehab <input type="checkbox"/> Awaiting specialist rehab <input type="checkbox"/> Other in-pt rehabilitation than that recommended in the RP <input type="checkbox"/> Own home <ul style="list-style-type: none"> <input type="checkbox"/> Without rehabilitation <input type="checkbox"/> With rehabilitation <input type="checkbox"/> Nursing home <ul style="list-style-type: none"> <input type="checkbox"/> Specialist NH / Slow-stream <input type="checkbox"/> Other residential <input type="checkbox"/> Mental health unit without physical rehabilitation <input type="checkbox"/> Other	<input type="checkbox"/> Service exists but access is delayed <input type="checkbox"/> Service does not exist <input type="checkbox"/> Service exists but funding is refused <input type="checkbox"/> Patient / carer declined <input type="checkbox"/> Ongoing medical / surgical needs requiring rehabilitation at a later date

Is the patient thought to have Category A/B needs for rehabilitation the patient?

Yes No Don't know

If yes: Complete Complex needs checklist and RCS-E

Have they been reviewed by a consultant in RM (or their designated deputy from a Level 1 or 2 specialist rehabilitation service)

Yes No Don't know



Rehabilitation Prescription summary of recommendations

A text 'Passport to rehabilitation' that travels with the patient

Brief summary of further needs:

How will these be met?

Referrals made (or to be made)

Completed by:

Date:/...../.....