NICE National Institute for Health and Care Excellence

NICE Pathways

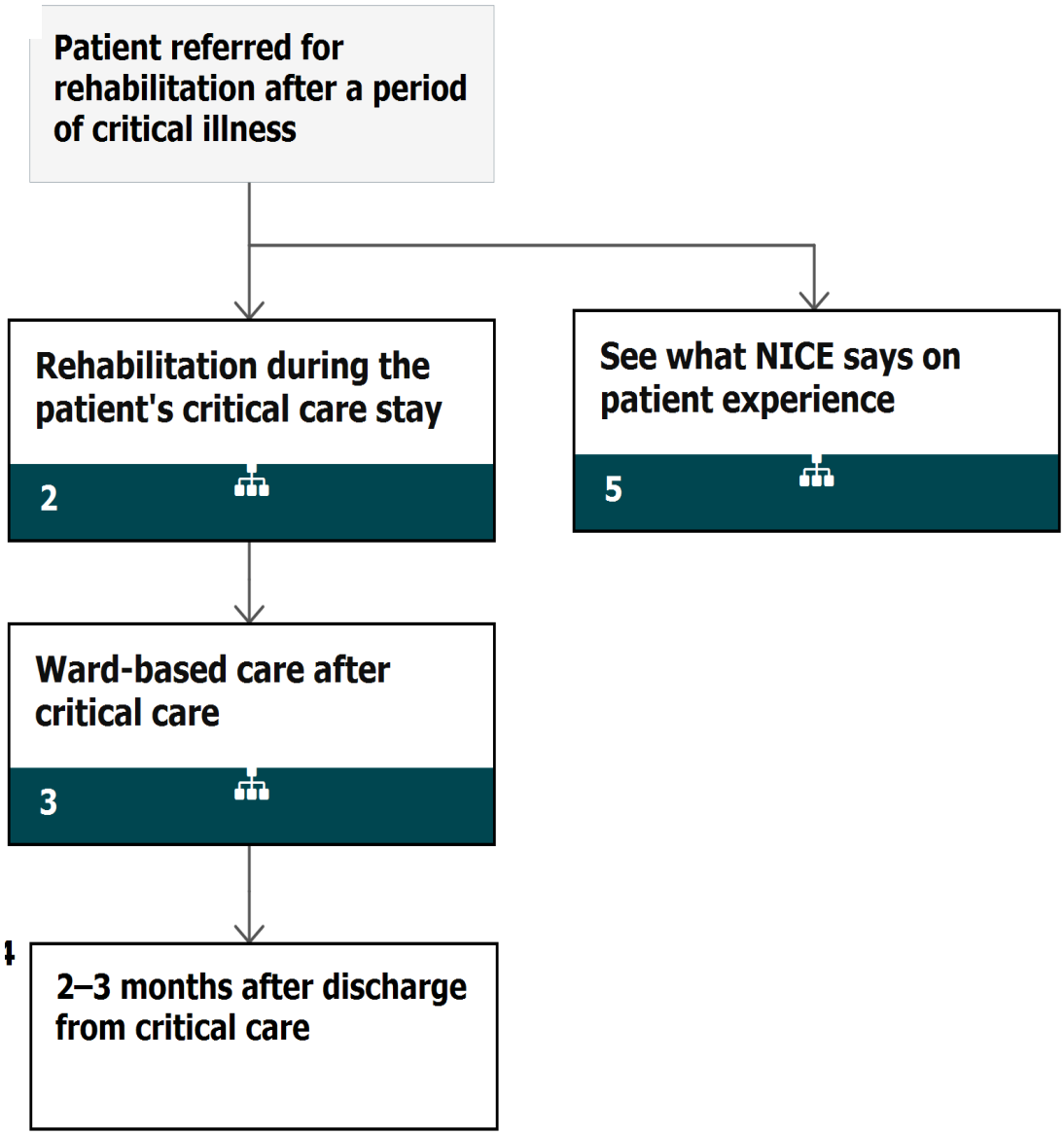
Rehabilitation after critical illness overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

http://pathways.nice.org.uk/pathways/rehabilitation-after-critical-illness
Pathway last updated: 21 April 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Patient referred for rehabilitation after a period of critical illness

No additional information

2 Rehabilitation during the patient's critical care stay

See Rehabilitation after critical illness / Rehabilitation during the patient's critical care stay

3 Ward-based care after critical care

See Rehabilitation after critical illness / Ward-based care after critical care

4 2–3 months after discharge from critical care

Review patients with rehabilitation needs 2–3 months after their discharge from critical care. Carry out a functional reassessment of their health and social care needs. If appropriate, also enquire about sexual dysfunction.

The functional reassessment should be face to face in the community or in hospital, performed by an appropriately-skilled healthcare professional(s) who is familiar with the patient's critical care problems and rehabilitation care pathway.

Refer the patient to the appropriate rehabilitation or specialist services if:

- the patient is recovering at a slower rate than anticipated, or
- the patient has developed unanticipated physical morbidity and/or non-physical morbidity that was not previously identified.

Give support if the patient is not recovering as quickly as they anticipated.

If anxiety or depression is suspected, refer to the stepped care models in NICE's recommendations on anxiety and depression.

If post-traumatic stress disorder is suspected or the patient has significant symptoms of post-traumatic stress, refer to NICE's recommendations on post-traumatic stress disorder.

5 See what NICE says on patient experience

See Patient experience in adult NHS services

Glossary

Short clinical assessment

a brief clinical assessment to identify patients who may be at risk of developing physical and non-physical morbidity

Comprehensive clinical assessment

a more detailed assessment to determine the rehabilitation needs of patients who have been identified as being at risk of developing physical and non-physical morbidity

Comprehensive clinical reassessment

a more detailed assessment to determine the rehabilitation needs of patients who have been identified as being at risk of developing physical and non-physical morbidity

Functional assessment

an assessment to examine the patient's daily functional ability

Short-term rehabilitation goals

goals for the patient to reach before they are discharged from hospital

Medium-term rehabilitation goals

goals to help the patient return to their normal activities of daily living after they are discharged from hospital

Physical morbidity

problems such as muscle loss, muscle weakness, musculoskeletal problems including contractures, respiratory problems, sensory problems, pain, and swallowing and communication problems

Non-physical morbidity

psychological, emotional and psychiatric problems, and cognitive dysfunction

MDT

multidisciplinary team: a team of healthcare professionals with the full spectrum of clinical skills needed to offer holistic care to patients with complex problems. The team may be a group of people who normally work together or who only work together intermittently

Sources

Rehabilitation after critical illness in adults (2009) NICE guideline CG83

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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Contact NICE

National Institute for Health and Care Excellence
Level 1A, City Tower
Piccadilly Plaza
Manchester
M1 4BT

www.nice.org.uk

nice@nice.org.uk

0845 003 7781