

Rehabilitation after critical illness overview

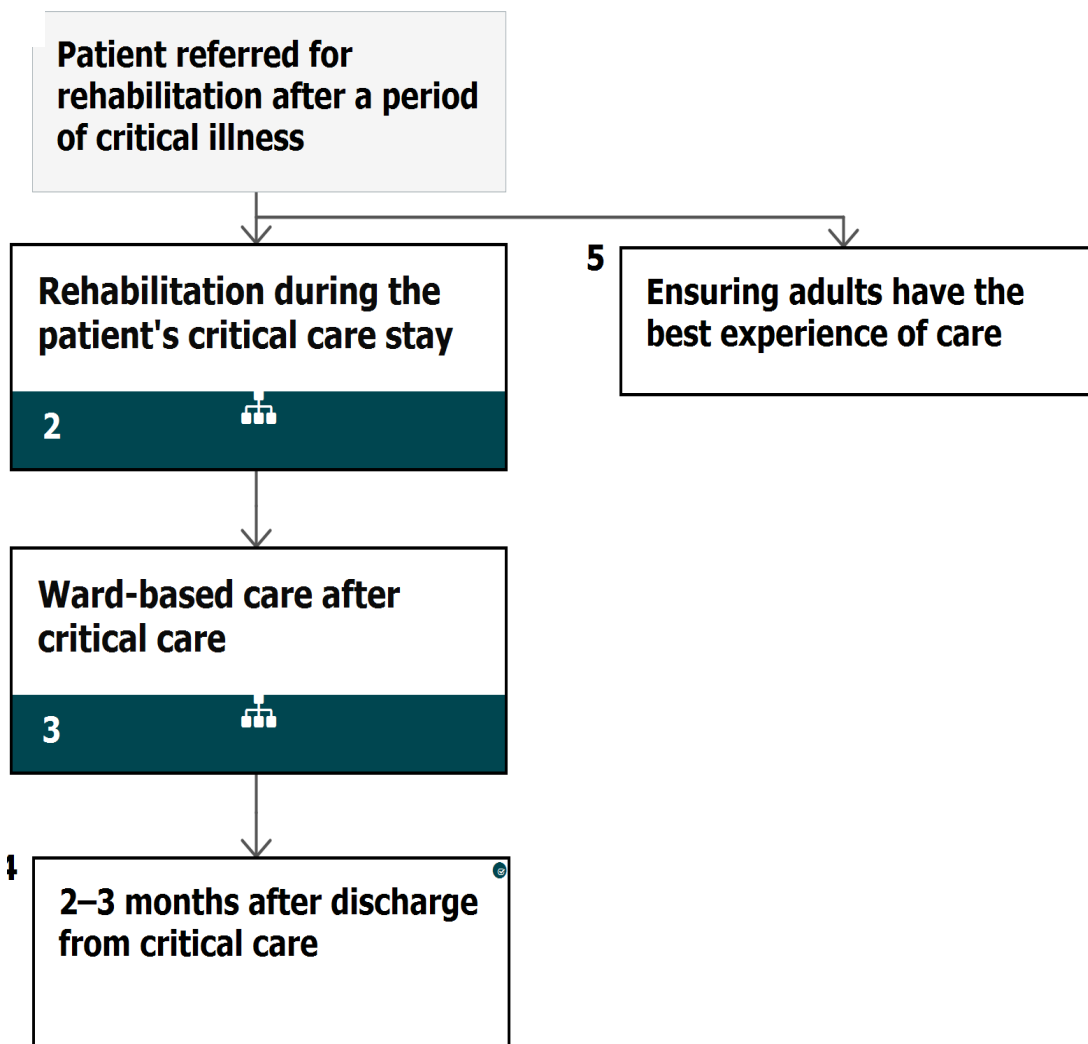
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/rehabilitation-after-critical-illness>

NICE Pathway last updated: 25 July 2018

This document contains a single flowchart 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.

Based on the functional reassessment.

- 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](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Follow-up after critical care discharge

5 Experience of care

Use these recommendations with NICE's recommendations on:

- patient experience in adult NHS services
- people's experience in adult social care 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

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.