

National Institute for Health and Clinical Excellence

Critical illness Rehabilitation Stakeholder Comments

| Name: | | Professor Chris Ward and Professor Christine Collin | | | |
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| Organisation: | | British Society of Rehabilitation Medicine | | | |
| Order number | Document Indicate if you are referring to the Full version or the Appendices to full version. | Page Number Indicate Page number or 'general' if your comment relates to the whole document | Section Number Indicate Section number or 'general' if your comment relates to the whole document | Line Number When commenting on the full version Indicate the line number | Comments Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table. |
| 1 | | | | 238-240 | Agreeing rehabilitation goals is a specialist skill -particularly for medium-term goals - and a level of competence is required. This process requires a trained specialist rehabilitation professional such as a Rehabilitation Medicine consultant with an MDT. |
| 2 | | | | 238-240 | Involving the family in goals is also a skill & the above comment applies again – there are ethical and legal dangers in indiscriminate negotiations with relatives. |
| 3 | | | | 244-245 | Professionals 'in critical care' is too vague: this should read: 'professionals trained in rehabilitation medicine' |
| 4 | | | | 265-271 | The psychological assessments required here cannot be carried out effectively by untrained personnel – consultants in Rehabilitation Medicine are trained to do these assessments |
| 5 | | | | 272-275 | See comments on 238-240 x 2 |
| 6 | | 12 | | | Note 4 applies throughout section 1, not just to its current location |
| 7 | | 12 | | | Note 5: the team should include a specialist rehabilitation doctor |
| 8 | | | 1.1.4 | | Rehabilitation programmes require co-ordination. During ward-based programme there must be regular review by the multi-disciplinary team, including a rehabilitation physician |
| 9 | | | 1.1.6 | | A co-ordinator must be appointed prior to discharge and regular review must occur within the period prior to the 2-3 month point described in 1.1.7 |
| 10 | | | 1.1.8 | | There are hazards in waiting until 3 months before a programme of rehabilitation is deemed to have failed. The mechanisms for monitoring in the interim (see above) should include criteria for referral for review |

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| 11 | | 16 | | | The implication in note 7 is that Intensive care personnel ipso facto have the necessary skills. This is not the case. |
| 12 | | 19 | | | Some adjustments would be required in line with our comments above |
| 13 | | | | 294 297 incl footnote 5 | This needs a specialist MDT in Rehabilitation Medicine. MDT by definition includes a specialist Rehabilitation Medicine physician. These teams provide holistic interdisciplinary treatment, not care |
| 14 | | | | 671 | Measurement tools. The reason many well known validated rehabilitation tools have not been used to evaluate these CI survivor populations is because the studies have not generally been designed by RM specialists and is not because the tools are no good. RM specialists have the knowledge and expertise to select the best measurement tools for the job to both monitor and audit the treatment process. |
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