Patient Sticker

Not for ICU Readmission ☐	Number of ICU Admissions: [Within this hospital stay] [First admission = 1]	ICU Discharge Date:

For patients in ICU for 4+ days: Has referral been made to post-ICU rehabilitation team? [✓/NA]	
Has patient been given post-ICU information booklet?	

Discharge Risk Score		Sedated at 24 hours after admission	2
Age 55-64	1	Total Advanced Care days 15+	3
Age 65 +	4	Hospital stay before ITU 3+ days	4
In-hospital CPR	3	Unplanned admission	5
Emergency surgery (at any stage)	2	Significant discharge dependency	1
ICU length of stay 5+ days	2	Tracheostomy on discharge	☐
Total Score:		Low Risk (0-9) ☐	High Risk (10+) ☐

Key Principles of Care as advised within NICE Guidelines 83	
NICE Guideline 1.1.13: Within 24 hours of discharge from critical care, give information about: - The rehabilitation care pathway and, if applicable, possible physical and non-physical problems - The differences between critical care and ward-based care and the transfer of clinical responsibility - Sleeping problems, nightmares and hallucinations and adjustment to ward-based care	
NICE Guideline 1.1.22: Before discharge to home or community, give information about: - Driving, returning to work, housing and local support services - The patient's physical recovery, managing activities of daily living and diet - [In progress: Give the patient their own copy of the critical care discharge summary]	
NICE Guideline 1.1.23: Liaise with primary/community care for functional reassessment 2-3 months after ICU	

ICU Discharge Targets/Plans

Action Required	Referral Made?	Goal Date	Review Date	Outcome	Completed?
					☐
					☐
					☐
					☐
					☐
					☐

Review Actions/Referrals

Date	Trigger	Action Required	Referral Made?	Goal Date	Review Date	Outcome	Completed?

PIRT and MRC Sum Scores

Date	PIRT	MRC Sum

Please also write date discharged from PIRT or hospital outcome (i.e. discharged home, RIP)

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Examples from the short clinical assessment that may indicate the patient is at risk of developing physical and non-physical morbidity	
Physical	Unable to get out of bed independently. Anticipated long duration of critical care stay. Obvious significant physical or neurological injury. Lack of cognitive functioning to continue exercise independently. Unable to self ventilate on 35% of oxygen or less. Presence of pre-morbid respiratory or mobility problems. Unable to mobilise independently over short distances.
Non-physical	Recurrent nightmares, particularly where patients report trying to stay awake to avoid nightmares. Intrusive memories of traumatic events which have occurred prior to admission (for example, road traffic accidents) or during their critical care stay (for example, delusion experiences or flashbacks). New and recurrent anxiety or panic attacks. Expressing the wish not to talk about their illness or changing the subject quickly off the topic.
Symptoms from the functional assessment that may indicate the presence of physical and non-physical morbidity	
Physical dimensions	
Physical problems	Weakness, inability/partial ability to sit, rise to standing, or to walk, fatigue, pain, breathlessness, swallowing difficulties, incontinence, inability/partial ability to self-care.
Sensory problems	Changes in vision or hearing, pain, altered sensation.
Communication problems	Difficulties in speaking or using language to communicate, difficulties in writing.
Social care or equipment needs	Mobility aids, transport, housing, benefits, employment and leisure needs.
Non-physical dimensions	
Anxiety, depression and PTS-related symptoms	New or recurrent somatic symptoms including palpitations, irritability and sweating; symptoms of derealisation and depersonalisation; avoidance behaviour; depressive symptoms including tearfulness and withdrawal; nightmares, delusions, hallucinations and flashbacks.
Behavioural and cognitive problems	Loss of memory, attention deficits, sequencing problems, deficits in organisational skills, confusion, apathy, disinhibition, compromised insight.
Other psychological or psychosocial problems	Low-self-esteem, poor or low self-image and/or body image issues, relationship difficulties, including those with the family and/or carer.

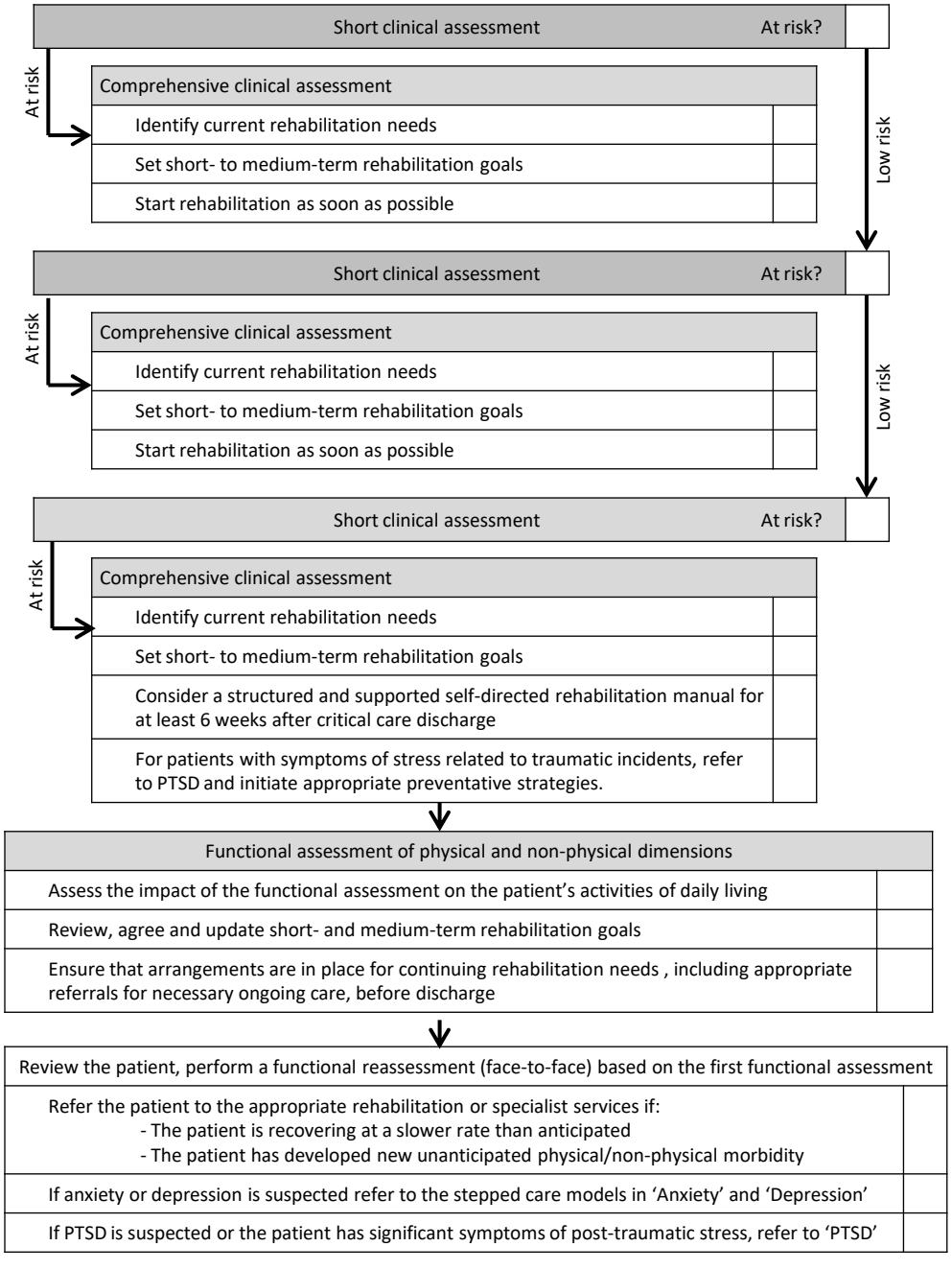
During critical care stay

Before critical care discharge

During ward-based care

Before discharge to home/community

At 2-3 months after critical care discharge



Date:

Day post-ICU: [NB day of discharge = Day 0]

If no boxes in the tool are ticked (i.e. PIRT score = 0) ☐

Total PIRT daily review score

Patient Sticker

Post-ICU Review Evaluation and Scoring Tool (PIRT)

Respiratory		**Triggers/Actions/Referrals**
Tracheostomy		Tracheostomy Care Bundle
Optiflow/NIV outside GHW/MSS?		Link with SALT Physiotherapy referral MDT referral
New O_2 requirement for $sO_2 \geq 92\%$		
Requiring FiO2 > 0.5		
Respiratory Rate > 30		
Cardiovascular		**Triggers/Actions/Referrals**
HR < 40, HR > 120 or persistently > 100		Consider discussion with ICU SpR
Systolic BPa < 90mmHg or > 200mmHg		
Investigation/treatment for: MI/angina Hypotension (IVI > 200ml/hr) or hypertension New arrhythmia Pulmonary oedema Thrombotic event		
Hb drop (2g/dL over 10, 1g/dL under)		
Transfusion in last 24hrs		
VTE Assessment needed		Inform home team
Incorrect VTE prescription		Inform home team
Neurological/Pain		**Triggers/Actions/Referrals**
New confusion/delirium		Consider discussion with ICU SpR Pain team review Discussion with ICU Pharmacist Discussion with Outreach coordinator Visual Assessment Scoring for pain MDT referral CAM-ICU HADs MMSE NICE CG103 Delirium MIL
New focal neurological deficit		
Coma/GCS change		
Insufficient pain control		
Requiring IV opiates/local blocks		
Background i.v. opiate or over-opiated		
Memory questionnaire required		
Needs MMSE/ICU-CAM/HADs assessment		
Ongoing ICU issues (delirium, hallucinations, etc.)		

Gastrointestinal/Nutrition		**Triggers/Actions/Referrals**
NG drainage/reliable enteral route not established		Stomatherapy referral Dietician/nutrition referral Diabetic nurse specialist referral MDT referral
Unsatisfactory diabetic or glycaemic control		
New vomiting/abdominal pain/distension		
Persistent BNO or Type 7 stool (3+ days)		Home team intervention/C. difficile toxin test
Electrolyte abnormalities?		Home team electrolyte replacement, review of cause
Persistent/regular use of antiemetics		Pharmacist drug chart review
Renal		**Triggers/Actions/Referrals**
Oliguria (<500ml/24hrs, unless HD/RRT)		Pharmacist: Medication adjustment for renal function Review LMWH prescription Discussion with home team Ward fluid balance chart
Cr > 30% from baseline/rising trend		
Temporary catheter in situ (without removal plan)		
Failed TWOC		
Inappropriate fluid balance		
Microbiology/Lines		**Triggers/Actions/Referrals**
Febrile 38° w/i 24hrs, or febrile 37.5° > 72hrs		Determine plan and timescale for line removal Patient isolation as required Re-refer on microbiology ward round
New antibiotic prescription		
Lines out of date w/o removal plan/indication		
Line phlebitis or infection		
Rising (abnormal) WCC/CRP or WCC < normal range		
New positive blood culture, swab or CDT/MRSA		
Wound dehiscence		Referral to wound care team
Rehabilitation/Medication/Other		**Triggers/Actions/Referrals**
Pre-admission medications not prescribed ICU medications needing to be stopped (i.e. ranitidine)		Pharmacist: Review of drug chart Discuss stopping ranitidine with home team if oral feeding effective
MEWS score > 3 for 48 hours		Discussion with home team
MEWS score > 5 for 48 hours		
Likely to benefit from rehabilitation		MRC sum score NICE guidelines CG83 ICU physiotherapy referral for rehabilitation clinic
Static PIRT or MRC sum score		

Refer to actions for individual items as appropriate. Request patient review by ICU SpR if patient acutely unwell.
If persistently raised daily review score suggest discussion with home team/referral for specialist advice/review as required.

Plans from discharge not yet completed ☐

Adapted from Post-Operative Mortality Score (POMS) Grocott *et al*., J. Clin. Epidemiol. 2007.