

**A statement of support from the British Association of Critical Care Nurses in partnership with:**



NICE has published its clinical guideline on critical illness rehabilitation and we would like to use the publication of this as an opportunity to highlight how rehabilitation from critical illness is fundamental to the provision of high quality patient centred care.

In particular, we want to use it as an opportunity to raise awareness of two key messages:

**The earlier – the better:** We welcome the emphasis in the guidance on the early identification, treatment and rehabilitation during critical care. This is vital to minimise avoidable harm and maximise recovery.

**Co-ordination and communication:** This means embedding both continuity of care, and effective communication along the patients recovery journey, helping to improve outcomes: NICE has highlighted these as key principles of care.

A significant number of patients surviving critical illness have significant physical and non-physical problems related both to their underlying severe illness or trauma and as a consequence of their period in critical care, thus the recovery process can be very prolonged. Such consequences are frequently under recognised and there may be ways of improving the care.

Rehabilitation, during and after discharge from critical care may bring many benefits to patients, families and society; potentially improving patient outcomes, reducing length of stay in critical care and general hospital wards, minimising hospital readmission rates, reducing the use of primary care resources and possibly financial and emotional strain on families.

We would like to see assessment of rehabilitation needs as part of the total package of care delivered to the patient, and it should start as soon as is clinically sensible in the critical care environment. For those patients who will benefit, rehabilitation

assessments and interventions should start as early as possible and continue throughout the patients' care pathway. All patients should be evaluated during and after their critical care stay to identify those who might benefit.

Healthcare professional(s)<sup>1</sup> from the multidisciplinary team e.g. rehabilitation medicine specialists, occupational therapists, speech and language therapists, physiotherapists, psychologists and other relevant specialists from secondary and primary care, should be involved in assessing the patient's physical and non-physical morbidity and their potential for rehabilitation at different stages during the recovery process. Careful coordination is crucial to ensure each patient has access to assessment and treatment by the relevant specialists to ensure they meet their rehabilitation potential. We believe that rehabilitation medicine specialists are particularly well-placed to fulfil this coordination role.

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<sup>1</sup> The healthcare professional(s) may be intensive care professional(s) or, depending on local arrangements, any appropriately trained healthcare professional(s) from a service (including specialist rehabilitation medicine services) with access to referral pathways and medical support (if not medically qualified).