



<sup>1</sup> Department of Neurology, University Hospitals Dorset NHS Foundation Trust, Poole, UK

<sup>2</sup> Mardon Neuro-Rehabilitation Centre, Exeter, UK

<sup>3</sup> Cambridge University Hospital NHS Trust, Cambridge, UK

jpsburn.bsrm@gmail.com

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## REHABILITATION AFTER CRITICAL ILLNESS

### Rehabilitation after critical illness—why it isn't happening

J P S Burn,<sup>1</sup> Rachel Botell,<sup>2</sup> Judith Allanson<sup>3</sup>

We support the call by White and colleagues for better care after critical illness.<sup>1</sup> The post-ICU presentation screen they mention is an effective way of improving assessment, uncovering hidden problems, and ensuring that referrals are not made only to services that are readily available.<sup>2</sup> The instrument has shown, for example, that only 42% of rehabilitation plans include a recommendation for clinical psychology, despite this need being identified in 80% of patients, with similar discrepancies found for psychiatry and rehabilitation medicine.<sup>3</sup>

The screen takes about three minutes to perform, and a software package with in-built functionality to support clinicians in the preparation of a personalised rehabilitation prescription is freely available.

Many patients will need to move to a specialist rehabilitation facility. There are about 75 such facilities, unevenly spread across the UK. An audit of rehabilitation provision after major trauma indicated that only 40% of patients with specialist rehabilitation needs were admitted to a facility despite the cost of such rehabilitation being offset within 17 months by reduction in care needs.<sup>4</sup>

Another advantage of this instrument is that it will elucidate local lack of provision and help identify what is needed to fill the gap.

Competing interests: None declared.

Full response at: <https://www.bmj.com/content/373/bmj.n910/rr-3>.

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