# ICU recovery & transfer of care

A safe transfer includes the rehabilitation plan.

RECOVERY & COMPLICATIONS / ADULT TRAUMA

**Survival of critical illness begins a further phase of recovery; physical and non-physical needs must travel with the patient.**

### 01 Assess recovery needs

Identify weakness, mobility limitations, communication problems, cognitive changes and psychological symptoms. Consider nutrition, pain and barriers to participation. Use assessments suited to the patient's ability to engage.

### 02 Set achievable goals

Start individual rehabilitation planning during critical care when clinically appropriate. Agree short- and longer-term goals with the patient and family. Review goals as medical stability, cognition and endurance improve.

### 03 Hand over explicitly

Transfer the clinical course, active problems, treatment and monitoring plan, nutritional needs, rehabilitation goals and follow-up responsibilities. Include information that the patient and family need to understand the next phase.

### 04 Reassess after transfer

Confirm that the receiving service can deliver the plan. Revisit physical and psychological needs before discharge and arrange follow-up for persistent problems. Explain how to obtain help if recovery does not progress as expected.

**WATCH POINT** A lower level of medical monitoring should not mean loss of ownership of rehabilitation and unresolved problems.

DISCUSS WITH THE TEAM

**What does the receiving team need to continue tomorrow's recovery work without starting again?**

READ THE SOURCES

[1] NICE CG83: Rehabilitation after critical illness in adults (2009).
[2] NICE CG50: Acutely ill adults in hospital (2007), critical-care transfer.