

Specialty guides for patient management during the coronavirus pandemic

Clinical guide for the management of patients requiring transfer for specialist rehabilitation during the coronavirus pandemic

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“...and there are no more surgeons, urologists, orthopaedists, we are only doctors who suddenly become part of a single team to face this tsunami that has overwhelmed us...”

Dr Daniele Macchine, Bergamo, Italy. 9 March 2020

As healthcare professionals, we all have general responsibilities in relation to coronavirus and for these we should seek and act on national and local guidelines. We also have a specific responsibility to ensure that patients with complex rehabilitation needs continue to receive optimal care with the minimum burden on the NHS. We must engage with management and clinical teams across the rehabilitation networks. We may also need to work outside our specific areas of training and expertise and the [General Medical Council \(GMC\) has already indicated its support for this](#) in the exceptional circumstances we may face. Similar guidance has been issued by the [Health and Care Professions Council](#) and the [Royal College of Nursing](#).

Rehabilitation services may not seem to be in the frontline with coronavirus but we do have a key role to play and this must be planned. In response to pressures on the NHS, rehabilitation services across the country may be under increasing pressure, due to limited bed capacity and staffing issues. However, these services will need to continue to deliver care. We should seek the best regional and national solutions to continue the proper management of our patients while protecting resources for the response to coronavirus. In addition, we need to consider the possibility that the facility for patients may be compromised due to a combination of factors including staff sickness and supply chain shortages.

This guidance is to help all healthcare professionals.

Overview

During the coronavirus pandemic it is essential that rehabilitation services are maintained and protected, and patients are transferred from an acute setting in a reasonable period of time.

In the majority of cases, these patients are at high risk of complications and the serious effects of coronavirus.

The aim is to move patients requiring complex rehabilitation, including spinal cord injury, to a rehabilitation centre rapidly, but with minimal risk to patients within the rehabilitation centres.

Referral

- All patients with major trauma and or a spinal cord injury will be referred as per existing pathways and national guidance.
- The referral must include details about any recent or current symptoms of coronavirus, as well as contact with other potential carriers.

Outreach

- No out-reach visits/assessments from rehabilitation centres will take place at this time.
- All multidisciplinary team discussions in respect to patients acceptance or not should include the regional centres by use of teleconference or video conference facilities (MS TEAMS).

Transfer and admission

- All patients deemed suitable for transfer to a complex rehabilitation/spinal cord injury centre (SCIC) should be screened for any symptoms, temperature regularly monitored and documented.
- If facilities are available, the patient will be placed in a single room, or a group of patients accepted for transfer should be isolated from other patients.
- On arrival at the rehabilitation centre/SCIC the patient will be placed in a single room and monitored for any clinical signs, temperature monitored and documented.
- If the patient remains afebrile and has not displayed any symptoms they can be placed on the main ward after seven days. If the patient displays any symptoms during the isolation period, they should be tested in line with [public health guidance](#).

Diagram 1: Patient flow from acute hospital to rehabilitation/spinal cord injuries centre

