

CLASSIFICATION OF HEAD INJURY RECOVERY AND ACTUAL/POTENTIAL REHABILITATION SERVICES (ADULT)

Code	Title	Patient description	Sites	Examples	Description of rehabilitation input
05	Minor HI education	Medically stable, requiring 24-48hrs observation prior to community rehabilitation, (as necessary in a small minority) with low probability of acute neurological deterioration requiring neurosurgical advice/transfer	Acute A&E observation ward	Addenbrooke's Peterborough Bedford	Assessment and observation - education, emotional and social support. Planned discharge home or moves to code 30 at 48 hours
10	Supportive rehab	Medically unstable, requiring neurosurgical or critical care	Acute hospital	Neurosurgical unit	Identifying and addressing early rehab goals before medically stable and transfer of care to rehab team
20	Supportive rehab	Medically unstable, not requiring neurosurgical or critical care	Acute hospital	Acute hospital ward	ditto 10
30	Rapid access rehab	Medically stable, not (necessarily) able to actively participate due to PTA, confusion, rejection, low response or awareness.	Acute hospital	Queen Sq., Brain injury services ((Current practice: DGH - GSUR, ORTH,NLGY))	Needs inpatient care due to physical dependency & requires continuous clinical assessment (nursing, medical, therapy) in order to facilitate optimal timing for rehab input and detect deterioration in clinical condition (in minority of patients). Immediate early rehab delivered, and judgement made on timing/ appropriateness of referral to next rehab sector.
40	Active participation in-patient rehab	Medically stable, able to actively participate with and benefit from therapy.	Acute or community hospital	In-patient rehabilitation unit (Lewin / Colman)	Needs in-patient care due to physical dependency, or need for specialist therapy equipment, safe environment, supervision or intensity of therapy which can not be provided in community
50	Behavioural rehab	Medically stable, but prolonged confusion, amnesia or behavioural difficulties, requiring specialist behavioural management, intensive supervision and secure environment	Specialist in-patient unit	Brain Injury Services, Kelmsley Unit, Northampton BI Rehabilitation Trust, M.Keynes, Colman	Specialist behavioural management, including high staffing: patient ratio to ensure intensive supervision and secure environment. Access to neuropsychology and neuropsychiatry
60	Slow stream rehab	Medically stable, but low awareness or response persists beyond eg 3 weeks after sedation withdrawn, ICP corrected and medically stable. Able to benefit from medical and physical therapy to prevent complications and support recovery.	Community hospital or specialist in-patient unit	Putney, Wayland, Lincoln	Assessment/active rehabilitation phase which needs to be distinguished from long term care, although planning care increasingly important aim after some (eg 6) months. Patients may go to active participation unit if they improve sufficiently.
70	Community rehab	Medically stable, able to actively participate with and benefit from therapy. Will include spectrum of initial severity of injury with a small minority derived from Code 05 category	Domiciliary or day hospital	Community rehab team (Icanho, Pboro)	Interdisciplinary co-ordinated management therapy aimed at community re-integration/inclusion by enhancing independence, wellbeing, & assist return to work/education. In collaboration with Social Services, voluntary and statutory services. Includes treatment of patients in residential care or with live-in carers .
80	Intensive cognitive rehab	Medically stable, independently mobile, primarily cognitive impairments likely to benefit from intensive neuropsychological therapy	Domiciliary or day hospital	Oliver Zangwill	Aiming to return to work, studies or independent community life.
90	Specialist vocational rehab	Medically stable, living in community, aiming to enter/return to employment	Domiciliary or residential	Papworth Rehabilitation, Rehab UK	Aiming for return to work where this is influenced by physical or cognitive problems, or needs residential placement
100	Maintenance	Medically stable, but permanent disability	Domiciliary, residential or nursing home, respite unit	Community therapists, Sue Ryder	Prevent deterioration of physical, emotional and behavioural condition, and long term management of seating, pressure, spasticity etc.
110	Social, patient and carer support	Carer support from initial injury, patient support when able to communicate	All sites	Headway	Developing social skills, stamina, confidence, attention & leisure pursuits, sorting out benefits, day supervision & respite care. Specific attention paid to: Community involvement & integration (further education etc) Personal social development and empowerment Structured daytime activity with the individual's competency framework Information and guidance over a continuum. Family support and outreach; Advocacy