

Repatriation Health Precinct (RHP): Inpatient Spinal Rehabilitation Unit – Admission Criteria

Summary

Admission to the Spinal Rehabilitation Unit (SRU) would require the patient to actively participate in intensive therapy and education to maximise their independent and abilities.

ELIGIBLE

- Neurological loss from spinal cord injury, or cauda equina, with bladder and/or bowel involvement
- Agree to participate in rehabilitation
- Identified rehabilitation goals
- Medically stable and able to participate in rehabilitation
- Have been assessed by a SASCIS consultant or delegate

TO BE NEGOTIATED

- Neurological loss from spinal cord injury, nil bladder and bowel involvement
- Minimal neurological loss from spinal cord injury, bladder and bowel involvement
- Spinal cord injury due to cancer, where there is an impact on rehabilitation participation or other considerations
- Pre-existing spinal cord injury with new functional or medical issues
- Functional tetraplegia or paraplegia from a cause other than cord injury, when there are no patients with a spinal cord injury on the waiting list

NOT ELIGIBLE*

- Medically unstable
- Unable or not willing to participate in a rehabilitation program
- On continuous oxygen, other than where the plan is for long term oxygen use at home.
- Currently under an ITO

*Can be referred for spinal consultation, even if not eligible for inpatient rehabilitation admission

Referral form: [SASCIS Referral Form](#)

- Contact for queries regarding current referrals: South Australian Spinal Cord Injury Service (SASCIS) Consultant on call
 - In business hours: via unit secretary – (08) 7326 1940
 - Outside of business hours: via
 - Flinders Medical Centre switchboard (08) 8204 5511
 - or Hampstead Rehab Centre switchboard (08) 8222 1600
 - or Royal Adelaide Hospital (08) 7074 0000
- Contact for queries regarding unit capacity or other urgent matters: SASCIS Medical Director
 - Via unit secretary: (08) 7326 1940



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Admission Criteria

- SASCIS SRU provides inpatient rehabilitation programs for adults who have suffered neurological impairment due to spinal cord or cauda equina injury from both traumatic and non-traumatic causes. The SRU at RHP is an inpatient unit staffed by a specialist multidisciplinary rehabilitation team.
- Children (under the age of 18) may be referred to SASCIS in collaboration with paediatric services, the child's legal guardian and the child. Individual assessment will be made as to suitability for the child to undertake their rehabilitation in the unit. Generally, children will receive inpatient rehabilitation at the Women's and Children's Hospital. In-reach assessment and consultation may be provided at the Women's and Children's Hospital and, where appropriate, services may also be provided at RHP.
- On rare occasions, people who are functionally tetraplegic or paraplegic due to a medical condition other than spinal cord injury may be accepted for rehabilitation in the unit following consultation with, and comprehensive assessment by, SASCIS clinical staff. Ongoing collaboration and co-ordination with other health providers is required to ensure specialist services to people with these conditions remains sustainable. A pre-admission discussion regarding the patient's discharge pathway is required once specialist spinal cord injury rehabilitation is complete. People with a new spinal cord injury will be given priority over patients without a spinal cord injury.
- Where the spinal cord impairment is due to cancer, patients may be admitted to the unit, however, it should be noted that the unit does not provide palliative care. The patient should be willing and have physical capacity to actively participate in the rehabilitation program and their pain must be controlled adequately to enable them to sit for at least 90 minutes. Patients should have a life expectancy of > 6 months, or because an admission would significantly reduce the overall time in the hospital system. Treatment programs such as radiation oncology or cytotoxic therapy also need to permit participation in a rehabilitation program. Rehabilitation programs for patients with malignancy need to be as short as possible to enable early return home. Patients must have an understanding and realistic expectation of their prognosis and limitations.
- Patients who have suffered a vertebral injury, but no neurological impairment should not be referred to SASCIS but may be referred for general rehabilitation within their respective catchment area.



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The following circumstances may preclude admission

- Patient is unable to participate in rehabilitation due to acute medical issues.
- Patient is being fed via nasoenteric tube, or nasoenteric tube feeding not stabilised (PEG tubes acceptable).
- Patient is receiving long-term intravenous antibiotics until a PICC line has been inserted.
- Patient is receiving multiple doses of intravenous antibiotics, unless a Baxter pump has been organised to allow the patient to participate in rehabilitation. Patient requires an extended period of therapy which will interfere with their participation in a rehabilitation program, e.g. radiation therapy, cytotoxic chemotherapy, hyperbaric therapy.
- Patients who are active intravenous drug users who require intravenous antibiotics. If appropriate, they can be admitted when they no longer require intravenous medication.
- Patient requires oxygen and is not approved for portable oxygen concentrator.
- Patient is unwilling to participate in a rehabilitation program, or does not have identifiable rehabilitation goals.
- Patients with cognitive and/or behavioural issues which prevent them from effectively participating in a rehabilitation program.
- Patient's physical ability to participate and/or exercise tolerance is not sufficient to engage in a rehabilitation program and is not likely to improve.
- Patients currently under an Inpatient Treatment order are unable to be accepted for inpatient rehabilitation.

Considerations

- In the event of a patient's condition changing or the referrer believes a patient now meets the SASCIS admission criteria, a new referral can be made and the SASCIS team will re-assess the patient for possible admission to the unit.
- Whilst a patient may not be suitable for admission, ongoing consultation with members of the SASCIS team may be necessary and will be provided through medical shared care (Royal Adelaide Hospital Spinal Unit) and in-reach (other acute units).



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Admission for patients with an established previous spinal injury

Re-admission to the RHP Inpatient SRU can occur for several reasons which may include:

- Demonstrated need for inpatient rehabilitation/reassessment following a functional change.
- Rehabilitation seating/sitting program following surgical or conservative wound intervention.
- On a pre-arranged basis following functionally significant elective surgery (e.g. limb surgery, contracture release).
- Medical-nursing focussed programs such as management of problematic neurogenic bowel or bladder training.

Referral Process

- Admissions are not accepted directly from Accident and Emergency or another ward without discussion with a senior SASCIS medical consultant.
- A member of the SASCIS medical staff is 'on call' at all times.
- The [SASCIS Referral Form](#) must be completed for all inpatient referrals and emailed to Health.CALHNRehabService@sa.gov.au. A copy can be faxed to (08) 7326 1971 to facilitate assessment and decision making if desired. This includes all patients referred from Royal Adelaide Hospital.
- For recently injured patients, a copy of the ISNCSCI assessment should be included with the referral.
- When patients are referred for rehabilitation, they will be assessed by medical staff from SASCIS and may also require a full assessment by SASCIS nursing and allied health staff prior to acceptance and transfer to the unit.
- Once a patient has been accepted for admission to the SRU, priority to admission will depend on bed availability, patient readiness to move from the acute setting, patient mix, etc.
- In general, patients referred for initial rehabilitation following onset of a traumatic or non-traumatic spinal cord injury will be given priority over all other patients.
- If a patient has a diagnosis of cancer and/or a terminal illness, whether related to or independent of their spinal cord injury, the referral should include their estimated life expectancy.
- Wherever possible, a patient's discharge plan and destination should be known prior to admission.

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