

REHABILITATION HOSPITAL NOTES AND REPORT

Notes taken verbatim from EM discharge notes 14 August 2020

Harefield 28 May until [15] July 2020

Physiotherapy Contributions: Summary from physiotherapists at Harefield Hospital Cardiothoracic surgical team.

Mr Miskelly is currently receiving daily physiotherapy sessions from a qualified physiotherapist and therapy assistant. I have been seeing Mr Miskelly throughout his stay here at Harefield from ITU/HDU to now ward based care. He has not had occupational therapy input as it has not been required up to this point. I have spoken with the occupational therapy team here at Harefield and they do not feel that Mr Miskelly requires their input at this stage of his recovery.

Bed mobility:

Mr Miskelly is able to roll to both sides whilst in bed and hold onto the bed rails should he need to. He is able to adjust the bed position using the controls on the panel. Mr Miskelly is able to push himself up the bed in a bridge position with support at his ankles. However, due to poor exercise tolerance we sometimes use the sliding sheet to reposition Mr Miskelly after an intensive physiotherapy session.

Mr Miskelly completes bed exercises daily in his own time and often has goals prepared each day that he would like to achieve in therapy.

Sitting:

Mr Miskelly can push himself from side lying into upright sitting and maintain independent sitting balance without any assistance.

Mr Miskelly is currently using an Anatomie chair when sitting out at the bed side due to its adjustable seat height features. He has also been sitting on an Aura cushion due to a grade II pressure sore on his sacrum.

Standing:

Mr Miskelly up to now has been using the Arjo standing hoist without the belt and assistance of two for all transfers. Mr Miskelly has taken a total of 6 steps forward using the Arjo standing hoist.

This week we have progressed Mr Miskelly and he is now able to sit to stand using the rota stand with moderate assistance of two. We aim to introduce a wheeled Zimmer frame this week to allow Mr Miskelly to feel more independent with his mobility.

Mr Miskelly completed two sit to stand transfers with hand hold assistance of two on the 13/07/20 and was able to side step up towards the head of the bed. However, his exercise tolerance is poor and he does fatigue quickly, he is currently able to tolerate three sit to stands in one rehabilitation session.

Personal care:

Mr Miskelly is independently using bottles at the bedside and also uses a bed pan. He receives assistance with washing/dressing from the nursing staff.

Cognition:

Cognition is typically something that the occupational therapists assess however, Mr Miskelly follows instructions and commands appropriately and is alert and orientated to time and place on a daily basis.

Mr Miskelly is very determined to progress and responds well to setting rehabilitation goals everyday. He is a very proud man and it has been a pleasure working with him.

Lady Skinner Ward Rehabilitation Unit - Therapy summary

Mr Miskelly was admitted to Charing Cross hospital on 23/07/2020 following a long ICU stay at Harefield Hospital post pericardectomy (28/05/2020). On arrival to CXH he did not have restrictions with regards to his UL movements or sternum.

Initially Eugene present with global ICU acquired weakness and required max AO1-2 to sit on the edge of bed, and was limited in mobility due to postural hypotension. Since his hypotension has improved we have been able to progress his mobility, strength and functional independence on the rehabilitation ward. He is now able to mobilise independently with x 1 walking stick, is independent with all transfers (bed, chair, toilet) is able to complete showering/washing & dressing independently, is able to make a hot drink and transport this independently (with use of x 1 stick) and is safe and independent mobilising up & down a flight of stairs.

He has engaged very well in the rehab programme, participating with UL and LL exercises with therabands and a more gym-based exercise programme too. He has completed both static and dynamic balance tasks which have been challenging but have seen significant improvements.

Overall Eugene has progressed exceptionally well in his mobility, strength, function and balance. We have provided him a full list of exercises we have completed for reference & to continue with & have discussed the importance of pacing and goals setting at home.

We have referred Eugene to outpatient physiotherapy to be able to progress his strength & personalised gym programme, and also refer to a community therapy. We wish him the best in the next stage of his recovery at home.

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Physiotherapist Band 5

12/Aug/2020