

ACUTE INPATIENT REHABILITATION SERVICES

(P.T. and O.T.)

A. **ADMISSION:** (hospital day #1) PT & OT should be implemented as soon as possible after admission. (i.e., once MD has evaluated the pt and determined the location, depth, and percentage of TBSA of burn)

B. **PT/OT Referrals:**

1. Requires written order by physician. Usual request: “PT eval and treat” or “OT eval and treat”.

a. Written order is submitted through order management.

b. Once the therapy evaluations and treatment recommendations are documented (in affinity), the physician **MUST** cosign the proposed plan of care **before** treatment is implemented.

The cosign mechanism is currently located on paper titled “Inpatient Rehab Services-Therapy Treatment Plan” (placed in the MD order section of chart) and will be electronically cosigned in near future.

2. **PHYSICAL THERAPY:** Indicated on all patients with burns from the waist down, or for those who have problems with functional mobility or gait.

3. **OCCUPATIONAL THERAPY:** Indicated on all patients with burns from the waist up (including face and neck), or those having difficulty with ADL (activities of daily living).

4. Patients in need of grafting will require splinting orders for graft protection and proper post-op alignment. At times, pre-op splints are required to preserve tendon function. Post-op splints are usually placed by the therapists **in the OR** once the surgical dressings have been applied by the physician.

a. OT provides UE splints

b. PT provides LE splints

5. New written orders for PT & OT are required to resume therapy following surgical procedures or following a decline in the patient’s medical status (particularly if patient is transferred from ward into ICU).

6. PT & OT participate in weekday multidisciplinary team rounds to obtain information on patient’s current medical status or discharge plans, and to report on pt’s status towards therapy interventions.

7. PT & OT participate in weekly psychosocial rounds to remain abreast of any psychosocial or disposition issues.

8. PT & OT assess for any DME (durable medical equipment) required upon discharge.

9. PT & OT attend all regular outpatient Burn Clinics to monitor ROM, functional mobility, and scar management; and will assess readiness for/need of pressure garments or further PT & OT outpatient treatment.

a. MD to write order for PT or OT on the patient’s clinic form.

10. Outpatient Kaiser Clinics (T/Th/Fri) and Burn Unit walk-in clinic will be covered by PT & OT on an “as needed basis”.

11. PT & OT is staffed on the Burn Unit M-F from 7:30 – 4:00 pm. Weekend coverage is arranged prn by burn unit therapists. For questions or problems regarding splints that occur on the weekend, call PT @ x97437, and OT @ x97437.