



Consolidated Report on Discharge and Referral Process

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**HANDICAP
INTERNATIONAL**

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ACRONYMS

CBM	Christian Blind Mission
DFID	Department for International Development
DRFU	Disability and Rehabilitation Focal Unit
FMT	foreign medical team
HI	Handicap International
IOM	International Organization for Migration
IMC	International Medical Corps
ISRC	Injury and Rehabilitation Sub Cluster
LCD	Leprosy Control Division
MoH	Ministry of Health
MSF	Médecins Sans Frontières
NPR	Nepalese rupees
NTC	National Trauma Centre
PT	physical therapy/ physical therapist/physiotherapist/physiotherapy
SIRC	Spinal Injury Rehabilitation Centre
TUTH	Tribhuvan University Teaching Hospital
UK	United Kingdom

1. PHYSIOTHERAPY/REHABILITATION SERVICE UNDER THE HEALTH SECTOR TRANSITION AND RECOVERY PROGRAMME

This DFID-funded project intends to meet rehabilitation needs in order to minimize secondary complication and regain function among people with injuries induced by Nepal Earthquake 2015. The project aims at achieving the overall objective of preventing disability through key approaches which include providing post-surgery care, supporting safer discharge and long term rehabilitation and putting in place skills and basic start-up systems for sustaining rehabilitation services.

The establishment of seven physiotherapy/rehabilitation units¹ is a part of this strategy and it has been implemented by Handicap International (HI) in partnership and collaboration with Disability and Rehabilitation Focal Unit (DRFU) at the Leprosy Control Division within the Ministry of Health, Nepal Health Sector Support Programme (NHSSP), National Health Training Centre (NHTC) through the support of DFID. PT/Rehabilitation units have been set up in Sindupalchowk, Dhading, Nuwakot, Dolakha (Jiri and Charikot), Rasuwa and Kathmandu. Out of 7 health facilities, five are district hospitals, one is located in a Primary Health Care Center and one is in the National Trauma Center, Kathmandu. The physiotherapists, based in the PT/Rehab Units within the District hospitals, in consultation and coordination with the district level medical team are facilitating the discharge mechanism (See heading 2 below for details on the discharge process). With the limited availability of the multidisciplinary team and needful infrastructure, these units refer cases requiring further intervention not available at the Districts, to tertiary hospitals or specialized rehabilitation service centres (See heading 3 for details on referral process).

¹ This Report has captured work in 7 facilities even although the TOR only require a report on 4 facilities

2. DISCHARGE PROCESS

2.1 Introduction

Physiotherapy/Rehabilitation Units in hospitals, supported by Handicap International (HI) in earthquake affected districts, have been providing physical rehabilitation care to the local population. The Discharge process involves 'assessment' and decision for "*cessation of physical therapy/rehabilitation care intervention in health facilities and in the context of follow-up in communities*". This process is jointly done with the client, care givers, doctors, the physiotherapist, social workers and other medical personnel present in hospital. The physiotherapist, based in the hospital, is currently leading this process in consultation with the medical team to coordinate implementation of the discharge mechanism in the district health system. Thus the process of supported discharge and referrals will influence health system strengthening initiatives taken by this project.

2.2 Criteria for discharge

Global criteria: Client has overcome the temporary impairment and is able to perform activities of daily living independently.

Specific criteria:

- Client is medically stable.
- Client is weaned from supervised therapy and able to do activities of daily living independently.
- Client is able to do home exercise independently that is required to maintain activities of daily living
- No need for further surgical intervention for the current episode of illness or injury

Clients recorded as discharged by the project are those:

- Who have received physiotherapy/rehabilitation services from the PT/rehabilitation unit supported by the project.
- Who have received services from outreach and home visits made by the staff of PT/rehabilitation units.

2.3 Discharges made at the physiotherapy and rehabilitation units

A total of 3,868 clients were provided care between September 2015 and June 2016, of which 1,092 were earthquakes injured. From amongst them, there is a recorded discharge (by HI) of 162 clients among which 38 are earthquake injured. The majority of the remaining 930 clients are still receiving regular follow-up services, while many have just stopped coming to the PT/Rehab Units and are not amongst the recorded discharges by the project. This is a reason why the number of recorded clients discharged is so low. Further explanations on related challenges are given below in section 2.5.

The high number of non-earthquake patients seen at the units also indicates that the physiotherapy/rehabilitation units are addressing the unmet need for rehabilitation services in the districts.

2.4 Discharge based on impairment and causes

Among the 162 people officially discharged by the project, 38 were earthquake injured and 124 were non earthquake cases. Among the earthquake injured, clients with fractures accounted for the highest number (18) while musculoskeletal impairment accounted for the highest number (77) among non-

earthquake related cases. Musculoskeletal related impairment consists of low back pain, myalgia and sprains.

2.5 Challenges associated with the discharge

There are various challenges for discharge of people with injury/functional limitation and disability depending on the personal (severity of the conditions, age) and environmental factors (socio-economic circumstances of the client, family support, geographical accessibility, access to rehabilitation services).

- Excluding a few cases in urban areas of Nepal, most of the Nepalese people do not seek/access rehabilitation services as prescribed by doctors and physiotherapists. Even with client education and orientation of family members attendance for PT and follow up from remote villages is low.
- People living in remote villages have limited transport facilities and do not give priority to attend the PT/Rehabilitation Units for regular follow-up, especially once their conditions show some level of improvement, or because they have other domestic priorities, or because they do not have someone to accompany them to the PT/Rehabilitation Units, especially if they are females who do not travel unaccompanied. Thus these cases have stopped coming for follow-up but are not officially counted as discharged.
- With outreach the identification of clients with mild to moderate untreated injuries at risk of secondary complications leading to long-term disability has substantially increased. Due to limited human resources the PT/Rehabilitation Units prioritize the follow-up of the cases with the most severe impairments and cases that need long term rehabilitation care. It is thus a challenge to conduct one to one follow up of less severe cases which can be discharged from care.
- Finally, there are special cases with long-term rehabilitation needs — head injury and spinal cord injury with neurological impairment, irreparable peripheral nerve injuries, multiple fractures/poly-trauma, cerebral palsy, old stroke cases, lifelong assistive device users. Such cases need continuous follow-up to avoid secondary complications and thus cannot be completely discharged.

3. REFERRAL PROCESS

3.1 Background

The 7 district hospitals with HI supported physiotherapy/rehabilitation units do not have provision for surgical interventions as these services are not standardized at that level of health facility. Thus, HI has been facilitating the surgical follow up and revision surgeries at Tribhuvan University Teaching Hospital (TUTH), the National Trauma Centre (NTC) and Patan Hospital for earthquake-injured clients who have undergone previous surgeries at district hospitals. Many of them have had complications that aroused the need for the revision surgery, which is more complicated and most often cannot be managed in district hospitals. Beneficiaries whose management is not possible in government hospitals due to complications were referred to specialized hospitals. There was therefore the need to develop referral mechanisms from district to specialized hospitals.

With the intensified outreach to communities, cases requiring tertiary and specialized care are being identified. Most of the cases identified require corrective and reconstructive surgeries. Out of the cases identified for corrective surgeries, most of them are with orthopaedic implants with complications.

The project had proposed an activity to conduct 3 specialized surgery camps in earthquake affected district. These surgery camps were planned to be done in collaboration with specialized hospitals (Sushma Koirala Memorial Hospital, Nepal Orthopaedic Hospital and Hospital for the Rehabilitation of Disabled Children). A team of surgeon with their nursing and paramedic staff would conduct such surgery camp utilizing the resources of the district hospitals. However these camps were not done, as most of the cases identified for surgery at the districts, needed intermediate and major type of surgical intervention which required advanced medical set up (OT Set up to remove implants and medicines) not available in the Districts Hospitals and also long supervision after the surgery. Thus the clients are being referred to Tertiary Hospitals (Bir Hospital / Patan Hospital / Teaching Hospital) and Sushma Koirala Memorial Hospital (SKMH) in Kathmandu for surgery instead of the planned surgical mobile camps in the Districts. An MOU has been done with SKMH and the project is supporting the cost of surgery, food and accommodation for clients and their caregivers coming to SKMH .

3.2 Facilitating referral to government tertiary hospitals

This is done for the cases whose revision surgery or metal implants need to be removed. The HI focus is to refer the cases to the same government hospital where the first surgery was done. As the medical and diagnostic details are kept in the hospital where the first medical intervention took place, it is vital for them to get the second surgical/follow up consultation service from the same hospital. Earthquake affected people are receiving free implant removal or revision surgery service from the government hospitals if their initial surgery was done at the same hospital. Therefore HI is facilitating the follow up care of the clients from the government hospital that provided first care after an injury.

The following mechanism is developed to facilitate the referral to the tertiary government hospitals:

- HI team sensitizes the clients to go to these hospitals if identified that implants need to be removed or if secondary complications are identified.
- If clients are not able to cover the travel cost to reach the hospital, travel and accommodation cost are covered after a careful socio-economic assessment by social workers.
- If the client from district level is not confident on setting an appointment and has no idea about whom to meet at the hospital, the physiotherapist and social worker at the PT/Rehabilitation

centres are contacted by the district based HI team for support to facilitate the appointment of these clients.

3.3 Referral for corrective and reconstructive surgery

A total of 30 cases were identified as of June end 2016 for corrective and reconstructive surgeries, of which the following 23 cases have been operated on:

- 18 underwent corrective surgeries for complications like mal-union, non-union and implant removal;
- 4 reconstructive surgeries for pressure sore management and revision surgery of crush injuries; and
- 1 case to correct a fracture and flap related complication (thus categorized under corrective/reconstructive surgery).

All cases identified for surgery have been previously operated or treated at private hospitals, by foreign medical teams or by specialized rehabilitation centres including the Spinal Injury Rehabilitation Centre and by the International Organization for Migration. The clients of Handicap International-supported district hospital physical therapy and rehabilitation unit were also referred to the Spinal Injury Rehabilitation Centre (SIRC) and Transcultural Psychosocial Organization (TPO) as per need.

The remaining seven cases were not operated on for the following reasons:

- 4 clients surgery needs to be done later as of now priority is to manage them conservatively
- 2 clients do not want to remove the implants despite repeated instruction and education
- For one client, there was high risk of further deterioration in the condition of client after surgery

3.4 Status of people identified for surgery

The injuries of about 87% of the operated clients were caused by the 2015 earthquakes while the remaining 13% were non-earthquake related cause. The latter surgeries were carried out to save lives and prevent long term disability.

3.5 Cases initially operated on by different hospitals

Most cases identified in communities were initially operated on in tertiary government hospitals (Table 1). These hospitals are providing free of cost revision surgery and hence the follow up of these cases is being facilitated by these tertiary hospitals. The 23 cases that were initially operated on at private hospitals and by foreign medical teams have received financial support for their surgeries from the project.

Table 1: Cases needing further surgery

Cases initially operated on by different hospitals			Recommended duration of revision surgery/implant removal by doctors		
Government	Private	Foreign medical team (FMT)	Within 6 months	Within 1-2 years	Surgery date not fixed
52	15	8	12	45	18
Total cases: 75			Total cases: 75		

3.6 Recommended duration of revision surgery/implant removal

The recommended duration of the revision surgery was listed as per the advice given by the operating doctors to the client. Out of the 75 cases identified, the timing of 18 cases is yet to be decided because of complications and old age (Table 1). Importantly, 57 cases will require surgery services within the next two years.

3.7 Referral process for surgery

Handicap International has its own surgery referral and follow up guidelines for its projects and partner organizations. The same guidelines define the methodology to identify, refer and conduct the post-operative follow up of clients in their communities (*Handicap International 2012 Guidelines for the referral of clients to hospital for corrective and reconstructive surgery*).

3.8 Referral process for specialized rehabilitation services and to other transitional rehabilitation partners and service providers

Referral guidelines have been developed to facilitate cross-referral to specialized rehabilitation centres, psychosocial care, and International Organization for Migration and International Medical Corps rehabilitation units (see **Appendices Annex 4.2: A Guideline for Referral Pathway for Physiotherapy/Rehabilitation Unit for District Hospitals of Nepal, MoH, Nepal**).

The majority of clients have been referred from health facilities (Table 2). This can be attributed to the injury and trauma management training provided to the staff of these facilities by the project from September 2015 to January 2016. Another reason is that community health facilities have been used as a venue by the outreach events organized by the physical therapy and rehabilitation units. These events helped local level health staff better understand about the services available from the units.

Table 2: Referral achievements (except for surgery)

Sources of referral to the physical therapy and rehabilitation units	Total cases	Earthquake-related cases
Health facilities and outreach events	3356	780
Social workers	158	110
Female community health volunteers	143	71
Emergency response database of Handicap International	86	80
INGOs and NGOs	60	15
Specialized rehabilitation facilities	48	35
Media	14	1
Disabled people's organizations	1	0
District tuberculosis and leprosy officers	1	0
Clients to patient referral	1	0
Grand Total	3868	1092

The highest number of referrals was made to the district level line agencies (women and children's offices, district administration offices and disabled people organizations) to promote the access of people with injuries/disabilities to social protection and livelihood schemes (Table 3). The second highest number of referrals was made to specialized rehabilitation centres, which includes the National Disabled Fund, the Spinal Injury Rehabilitation Centre, the Hospital for the Rehabilitation of Disabled Children and the Transcultural Psychosocial Organization to receive specific types of care. The step-down facilities include the International Organization for Migration facilities at Sindupalchowk and the

Nepal Healthcare Equipment Development Foundation in Kathmandu where longer term accommodation and rehabilitation is available. A total of 27 referrals to local health facilities (in communities) were made for cases that need periodic medical supervision in communities.

Table 3: Cases referred to different organisations

Organizations	Total	Earthquake victims
District line agencies	90	52
Specialized rehabilitation facilities	86	36
Local health facilities	27	9
Other district hospital's PT/rehabilitation units ²	41	21
Tertiary hospitals	10	2
Step-down facilities	4	3
NGO/INGOs	13	5
Total	262	128

3.9 Barriers to the referral process

- Some reconstruction surgeries for pressure ulcers should be done as soon as cases are referred to government hospitals. However, as these tertiary hospitals already have a large queue of people waiting to be operated on, such prompt attention is sometimes not possible.
- The doctor who did the initial surgery at the government hospital is sometimes not available at the follow up times, and therefore clients' duration of stay in Kathmandu lengthens, which increases their out-of-pocket expenditure. This will make patients reluctant to come for future follow up.
- One family member is need to accompany patients for follow up visits to the hospital; but this is not always possible because such a guardian is expected to be a male family member and such people are often too busy with their livelihoods or are working abroad and so are unavailable.
- The provision of support to earthquake injured people can be quite complicated. Persons with injury cards or discharge summary (provided from the hospital to clients) can still get free services from the Government Hospitals on condition they were initially treated there. People who have lost their cards / discharges summary are therefore now not able to access public health services at the Tertiary Hospitals. HI is supporting patients to get Disability ID Cards from the Women Development Offices in the Districts if their impairment can be classified as a disability under the Government's definition. The Government Hospitals did give Injury cards to Earthquake Victims initially during the first month of the earthquake, this was later cancelled by the Government as they said it was creating malpractices, non-earthquake victims were also getting them. Thus it is not possible to reissue injury cards now. The practice of checking the initial "Discharge Sheet" from the Hospitals after their first medical intervention started being used as evidence of earthquake-related injures for follow-up services at the Tertiary Hospital. For those clients who have lost this piece of paper or torn (it is a think very flimsy sheet of paper) because of the rain, sweat, etc. HI is checking the details in the HI Database of patients seen and facilitating the referrals mainly to TU Teaching Hospital, Patan Hospital and Bir Hospital for further follow-ups.

3.10 Referral process facilitators

- Tertiary government hospitals are providing implant removal and revision surgery services free of cost to clients for whom care was provided by during the earthquake times.

² Eg. Clients referred from National Trauma PT/Rehab Unit (Ktm) to a PT/Rehab Unit in another District or vice versa

- A step-down facility in Kathmandu is still providing accommodation services for clients who come to Kathmandu for follow up consultations. Handicap International has a good referral mechanism with this step down care facility. Step-down facilities provide accommodation and day to day general nursing care to clients with accommodation facilities so that it becomes easy for the client outside Kathmandu to stay there and have a doctor and rehabilitation consultation in tertiary hospital
- Coordination from the district level and National Trauma Centre-based physical therapy and rehabilitation teams has assured the appointment of clients with the doctors who attended to the cases from the beginning.

Box 1: An example of how the project addressed the follow-up problems of one injured person.

Box 1: Case study: Communication and coordination promoting access to care

Rajendra Rai (22 years old) from Nuwakot had been treated with internal fixations for fractures of his right forearm. He visited Kathmandu five times, but was unable to get an appointment with a doctor at a government tertiary hospital. After the fifth time, he was ready to give up on going for follow up as he had finished his money on travel and accommodation in Kathmandu. During follow up with clients in their communities, his case came to the attention of Nuwakot physical therapy and rehabilitation unit team. Considering his poor socioeconomic status and the need for the follow up, the unit decided to support his transportation costs. His accommodation was managed at the step down care centre in Baluwatar, Kathmandu and his appointment was facilitated by the Handicap International staff based at the National Trauma Centre.

He finally had his first follow up consultation 10 months after his initial treatment, during which he met the doctor and made the decision for the removal of his implant within the next six months. Now, he is happy to know that his injury doesn't have any complications and he hopes for the successful removal of implants.



The availability of funds to support the transportation, the coordination between the Nuwakot and Kathmandu NTC-based physical therapy staff and the referral mechanism with the step-down care facility made his follow up possible. He is now back home in Nuwakot under the periodic supervision of the Nuwakot physical therapy and rehabilitation unit.

3.11 Coordination meeting

Handicap International has participated in five rounds of monthly joint coordination meeting carried out with SIRC, TPO, IOM and IMC (see Annex 4.3: Coordination Meeting Minutes). These meetings serve as a common platform to understand each other's' referral criteria and processes; to agree on a common referral mechanism; and to facilitate smooth cross referral.

4. APPENDICES

ANNEX 4.1: DISCHARGE FORM

	Government of Nepal Ministry of Health and Population Department of Health Services District Public/ Health Office		
	DISCHARGE FORM		
1. DISCHARGE INFORMATION			
1.1 Name of the individual		1.2 Date	
		Signature	
1.3 Level of intervention at discharge			
<input type="checkbox"/> Health facility specify :		<input type="checkbox"/> In-patients department	<input type="checkbox"/> Out-patients department
<input type="checkbox"/> Step-down facility		<input type="checkbox"/> Home	
2. REASON FOR DISCHARGE			
<input type="checkbox"/> End of follow-up (according to the Action plan)		<input type="checkbox"/> Move to another location:	<input type="checkbox"/> Unsuccessful / No solution found
<input type="checkbox"/> Refusal of intervention		<input type="checkbox"/> Deceased	<input type="checkbox"/> Other, specify :
3. SERVICES PROVIDED			
6.1 Services Provided and number of sessions:			
<input type="checkbox"/> wound care	<input type="checkbox"/> surgery	<input type="checkbox"/> laboratory	
<input type="checkbox"/> physical therapy	<input type="checkbox"/> devices	<input type="checkbox"/> peer support	
<input type="checkbox"/> Caregiver training/education	<input type="checkbox"/> Information on services	<input type="checkbox"/> Referral to specialized services specify:	
4. DISCHARGE PLAN			
Medical Follow up		Rehabilitation Follow up	
5. INFORMATION AND SOCIAL ACCOMPANIMENT			
Service	Name of the organization for referral /	Referral (R) or Orientation on Services (
<input type="checkbox"/> Step down facility /shelter			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Mental Health Services			
<input type="checkbox"/> Prosthesis & Orthotic			
<input type="checkbox"/> Orthopaedic/reconstructive surgery			
<input type="checkbox"/> Social Security/disability card			
<input type="checkbox"/> Food			
<input type="checkbox"/> Other, specify:			

Written by:

date:

**ANNEX 4.2: A GUIDELINE FOR REFERRAL PATHWAY FOR
PHYSIOTHERAPY/REHABILITATION UNIT FOR DISTRICT HOSPITALS OF NEPAL,
MOH, NEPAL**



LIST OF ACRONYMS

COPD	Chronic Obstructive Pulmonary Diseases
DFID	Department of International Development
DHO	District Health Office
DPHO	District Public Health Office
GLOFS	Glacial Lake outburst floods
HI	Handicap International
ICU	Intensive care unit
IOM	International Organization for Migration
IRU	Injury Rehabilitation Unit
MOH	Ministry of Health
OPD	Out Patient Department
OT	Occupational Therapy/Therapist
PO	Prosthesis & Orthoses/ Prothetist & Orthotist
PT	Physiotherapy/ Physiotherapist
SDCF	Step down care facility
SIRC	Spinal Injury Rehabilitation Centre
SW	Social Worker
VDC	Village Development Committee

1. Introduction

Referral and appointment is one of the important service steps in health service delivery. In Nepal rehabilitation services are not still integrated within the health. The service is being delivered by mostly local NGOs through the donor funded programs. The Census done in 2011 claims 1.94 % of the people in Nepal have disability out of which 36% of them have physical disability. In addition to that, the injuries due to the recent earthquake in Nepal have further enhanced the demand for rehabilitation. Within the Leprosy Control Division, Department of Health Services (DoHS) of Ministry of Health (MoH), a Disability Rehabilitation Focal Unit (DRFU) has been formed which is the focal department in health for disability and rehabilitation. A short- term, medium- term and long- term plan for the development of rehabilitation services was endorsed by the MoH as part of the Health Sector Rehabilitation and Reconstruction Plan after an April 25th 2015 Earthquake.

Among actions identified in the medium to long term strategy, the **decentralization of rehabilitation services to the most affected districts** was acknowledged as a priority to ensure continuum of care and address the long term follow up needs for the injured.

The establishment of seven rehabilitation units is part of this strategy and it has been implemented by Handicap International in (HI) partnership with the newly established DRFU at LCD, with financial support of DFID/Option. PT/Rehabilitation units have been set up in Sindupalchok, Dhading, Nuwakot, Dolakha Rasuwa and Kathmandu. Out of seven health facility, five are district hospitals,

one is located in Primary Health Care Center and one is National Trauma Center, Kathmandu. With the limited availability of the multidisciplinary team and needful infrastructure these units need to refer the cases for the further management to tertiary hospital or specialized rehabilitation service centre. Therefore this referral guide is made to support these 7 PT units and specialized hospital and rehabilitation for the effective cross-referral, timely service delivery and proper follow of the clients. This referral guideline covers both referral in and referral out for health and rehabilitation services for people with injury/trauma, functional limitation and disability.

2. Services available at the district level include the following interventions:
 - Physical assessment and treatment plan
 - Delivery of therapy: exercise, mobilization, physical modalities and gait training
 - Functional training for daily activities to increase autonomy
 - Fitting of assistive devices and train to use for aids like crutches, sticks, walkers and wheelchair. Delivery is ensured after proper individual assessment and user trainings
 - Identification of needs for specialized rehabilitation services (such as reconstructive surgery, prosthetics and orthotics and other rehabilitation specialized rehabilitation services)
3. Services required but not available now
 - Transportation to pick and drop all clients for rehabilitation services
 - Allowances for accommodation within district hospital but coordination with the hospital is done to admit the client for the long term rehabilitation
4. Physiotherapy sessions are delivered according to the following modalities:
 - **Inpatients:** The length of session is usually 15 to 30 minutes and can be repeated at least 2 times a day, according to the needs (for example, for patients with respiratory conditions). It is done in coordination with the medical and nursing team and it must be reported in the patient file (form available with the team). The session can be delivered either in wards or in the PT OPD, depending on mobility. Follow up is mandate either in the wards or in PT OPD based on the need.
 - **Outpatients:** 45 to 60 minutes session, in the physiotherapy room. Follow up of each case is mandatory.
 - **Outreach (primary health care outlets, community and home visit):** Outreach to the patient's house is planned weekly by the physiotherapist and social worker that are based on severity of conditions and limited mobility. This can include first assessment or follow up after discharge from hospital or identifying the need of intensive rehabilitation care in specialized centers.

Physiotherapy sessions are delivered by professional physiotherapists who received trainings based on international standards as established by the World Confederation of Physical Therapy. Physiotherapist work according to the MoHP schedule and report to the DHO/DPHO.

Physiotherapist is team leader for each PT/Rehabilitation of the District Hospitals. Apart from physiotherapist, there are two **social workers** with paramedical, ANM and psychosocial background based at each district working under the team leader. Social workers contribute to need assessments including psycho-social needs, provide information on rehabilitation services and facilitate access to available educational, livelihood and social protection opportunities such as disability card released by the Women Children Office.

5. Eligibility criteria for referral: causes of impairment

The focus of newly-set PT/Rehabilitation units at district hospitals is to respond to the needs of the injured by the earthquake and earthquake survivors. However, HI -supported PT/rehabilitation units also welcome case whose cause of impairment is other than earthquake and precisely:

- Post - Earthquake survivors;
- Road traffic accident;
- Domestic accidents;
- Non communicable diseases;
- Previous/other disasters such as conflict, Earthquakes, landslides, floods, Glacial Lake outburst floods(Glofs), fire, drought, avalanches and thunderbolts;
- Work related musculoskeletal and neurological problems; and,
- Congenital physical impairments and developmental delays.

6. Exclusion and Inclusion criteria

Cases needing urgent medical or surgical interventions. These are the inclusion criteria for referrals. These cases can be,

- Severe cardiovascular compromise
- Cases requiring the immediate ICU interventions
- Case requiring the immediate live saving medico-surgical procedures
- Cases needing the specialized surgeries that are beyond the capacity of district hospital
- Cases requiring the complex devices like customized orthotics and prosthesis

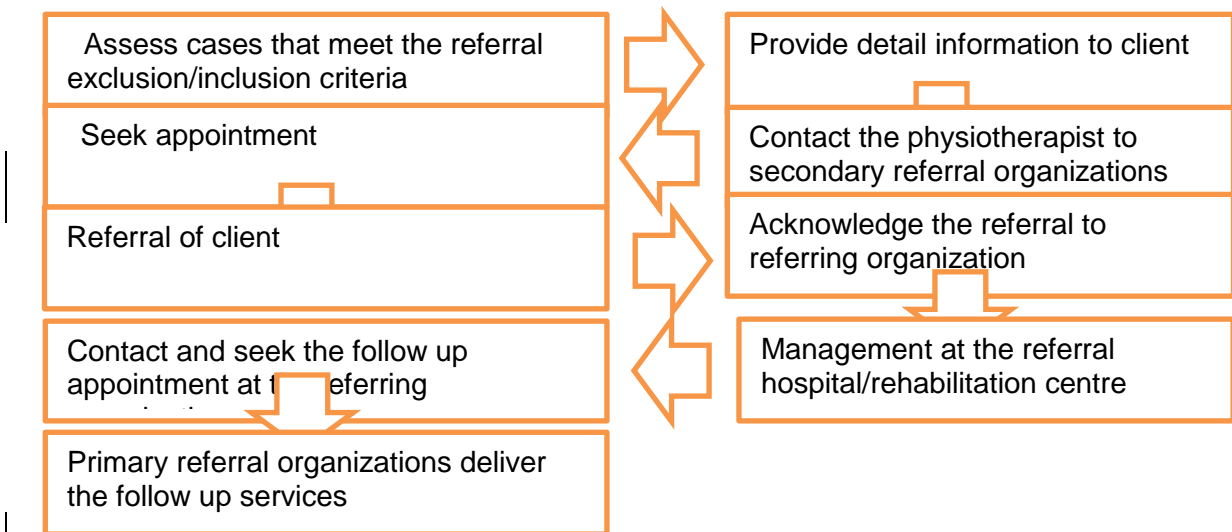
7. Common Conditions that can be referred to physiotherapy/Rehabilitation Unit at District Hospital

Orthopedics	Neurological	Cardio respiratory	Other NCDs
Post trauma/surgery joint stiffness	Multiple sclerosis	COPDs	Diabetes (Foot ulcers, pain and limb amputation)
Post trauma/surgery joint pain/swelling	Paralysis due to Poliomyelitis	Dyspnoea	Cardiovascular diseases (hypertension)
Post trauma/surgery muscle weakness	Peripheral nerve injury	Airflow obstruction/mucous retention	Peripheral vascular disease
Stump management following amputation		Restrictive lung diseases	
	SCI patients-medically and surgically stabilised	Pediatrics	
Burns	Neurological conditions due to Meningitis	Birth defects: club foot, Spina bifida, Down Syndrome, cleft lip/ palate	
Head trauma – Stabilised	Parkinson’s disease	Developmental delays (including the ones due to malnutrition) and Cerebral palsy	
Torticollis	Muscular dystrophy		
Idiopathic scoliosis	Transverse myelitis	Others	
Ankylosing spondylitis	Multiple sclerosis		

<u>Spondylolisthesis(isthmic type and post- surgical)</u>	Motor neurone diseases	Referral for the specialized services: Wound management, Prosthesis & Orthoses, Corrective & Reconstructive surgeries and specialized rehabilitation services
Spondylitis		
Osteoarthritis		
Rheumatoid arthritis		
Septic arthritis		
Osteomyelitis		
Ligament and tendon disorders		
Soft tissue injuries		
TB spine after medical or surgical management		

8. Procedures for referral

The referring organization should follow this procedure while referring cases to district hospitals. The mechanism of the referral is as below:



a. Provide detailed information:

The referring organization provides information about the organizations to be referred which includes the following,

- The location and contact details of the focal person;
- It also includes the mode of transportation from the district. Many clients may require the rough map of the bus station from their native to the hospital to be referred;
- Services available and cost of the services;
- Tentative duration of stay and also discuss if one person need to accompany for the caregiving;
- Importance of the post-surgical rehabilitation follow up after s/he get discharged from hospital; and,
- Informing clients to take previous medical test report and previous medical/follow up card.

b. Seek appointment

The organization that is supposed to receive the referral may have already a waiting list. Hence it's very important to have prior appointment of the clients. For this, the referrals form can help decision making since it contains all relevant information on the client: demographic details, clinical history, investigation reports and photos. Referral form and reports can be shared via email, what's app or viber (whatever applicable). This will help the doctors and rehabilitation team of hospital receiving the referral to decide if the intervention is possible at the hospital or not, the possible prognosis and tentative cost of the intervention. Sharing of information also help to check the possibility of refusal after client come to hospital.

c. Referral of client:

After providing all the information, facilitate the referral of client to the hospital where the appointment has been taken. A copy of the referral form to be handed over to client who should submit the same to the hospital. The referral form will serve an identity proof of the same client whose appointment was taken previously.

d. Acknowledge the referral to referring organization

Once the client is received at the hospital it always advisable to inform the referring hospital. Sometime clients could not track the location of the hospital or due to unexpected reason client fails to reach the hospital. At that scenario both the hospitals need to have a follow up on the status of clients and explore the measures to support.

9. Referral procedures to HI supported PT/rehabilitation unit for the cases identified by other staff at VDC level

In many instances VDC based staff may not have access to good internet facilities to facilitate the referral process. The procedures are suggested if the electronic communications are not feasible,

- The staff who identifies the case calls and inform to the HI physiotherapist at the district hospital
- HI physiotherapist plans a visit to community or calls the client/family members for an appointment on the district hospital
- HI Physiotherapist informs the referring staff about the status of the service delivery to that particular client.

10. Location and contact details of Physiotherapist based at District Hospital

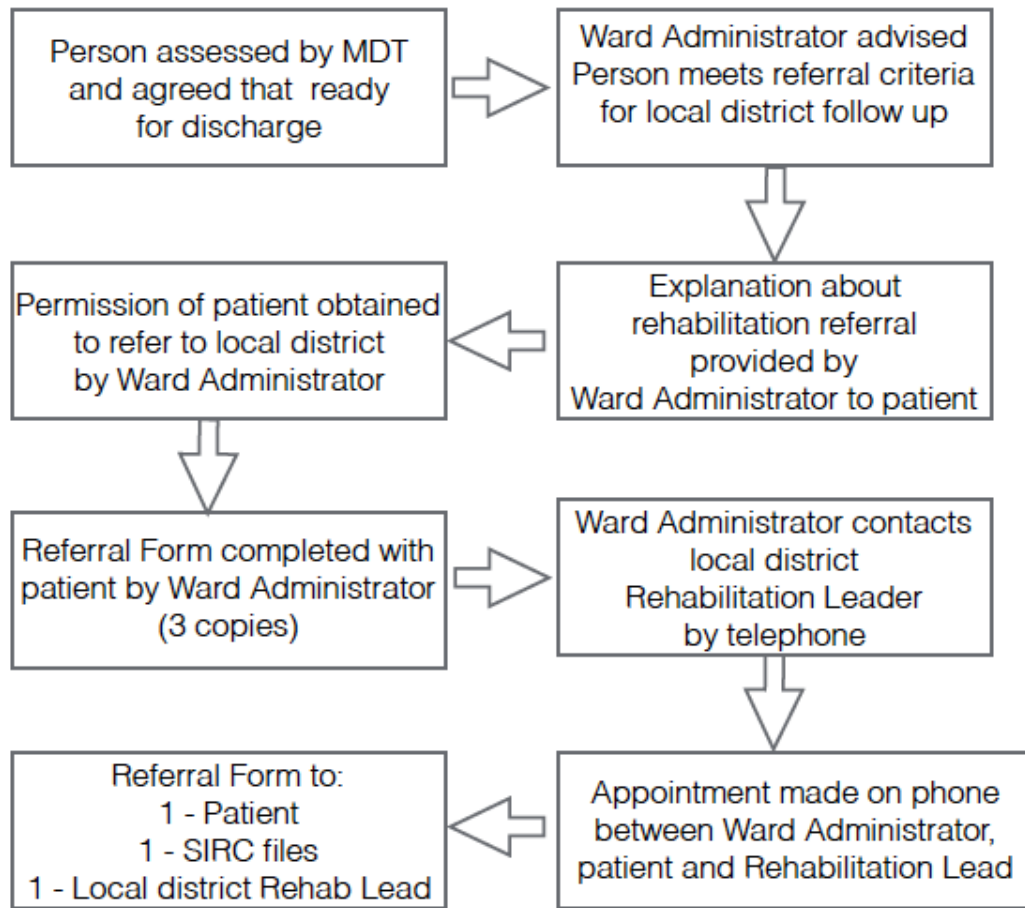
Name	Based station	Email	Telephone
Anu Bhatta	Trishuli hospital , Nuwakot	pssu.nuwakot@hi-nepal.org	9801089747
Sabita Baniya	District hospital, Sindupalchok	pssu.sindhupalchowk@hi-nepal.org	9801089749
Sudan U. Rimal	Trauma Centre , Kathmandu	pssu.traumaktm@hi-nepal.org	9801089745
Dikshya Joshi	Trauma Centre , Kathmandu	pssu.dhading@hi-nepal.org	9851025371
Om Ishwor Disti	District hospital, Charikot, Dolakha	pssu.dolakha.c@hi-nepal.org	9801089748

Bibek Khadka	Jiri Hospital, Dolakha	pssu.dolakha.j@hi-nepal.org	9801089750
Susmita Shakya	District hospital, Rasuwa	pssu.rasuwa@hi-nepal.org	9801089746

11. Referral criteria of spinal injury rehabilitation centre (SIRC)

I. Referral to district based PT/Rehabilitation unit from SIRC

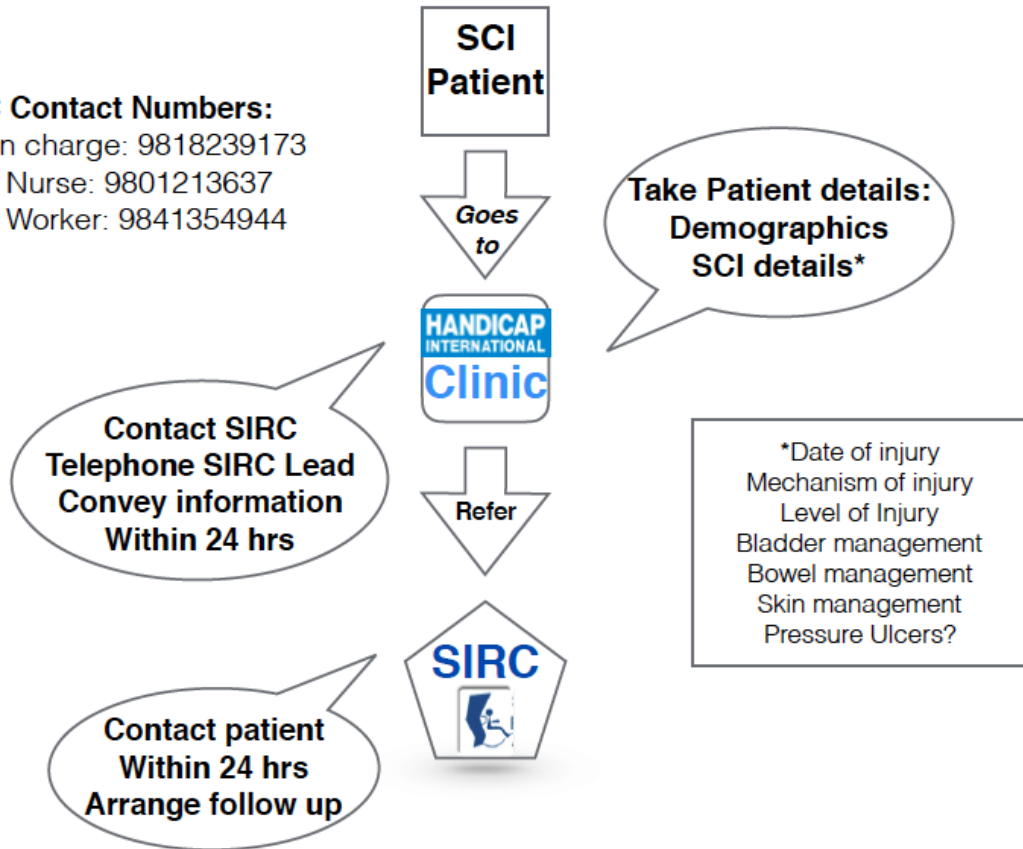
Inpatient Referral Pathway to Local District Rehab Lead



II. Referral of the spinal injury cases by district based PT/ rehabilitation unit to SIRC

Spinal Cord Injury New Patient in Community Pathway

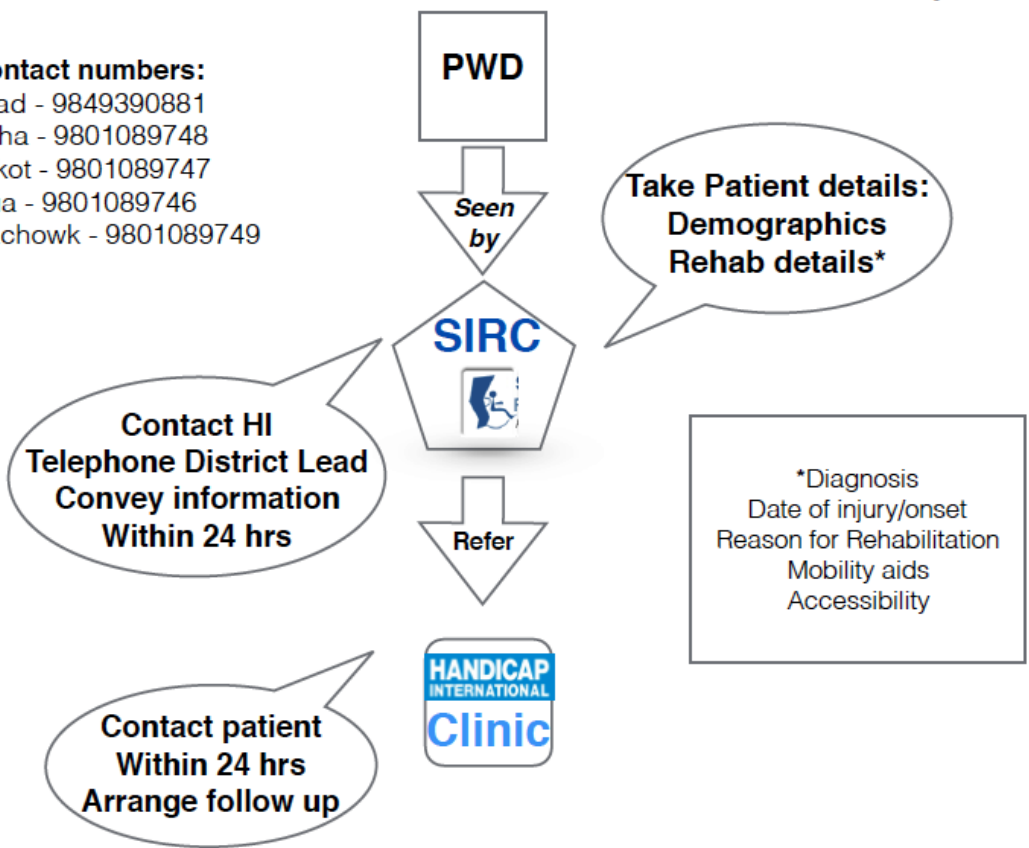
SIRC Contact Numbers:
Rehab in charge: 9818239173
Lead Nurse: 9801213637
Social Worker: 9841354944



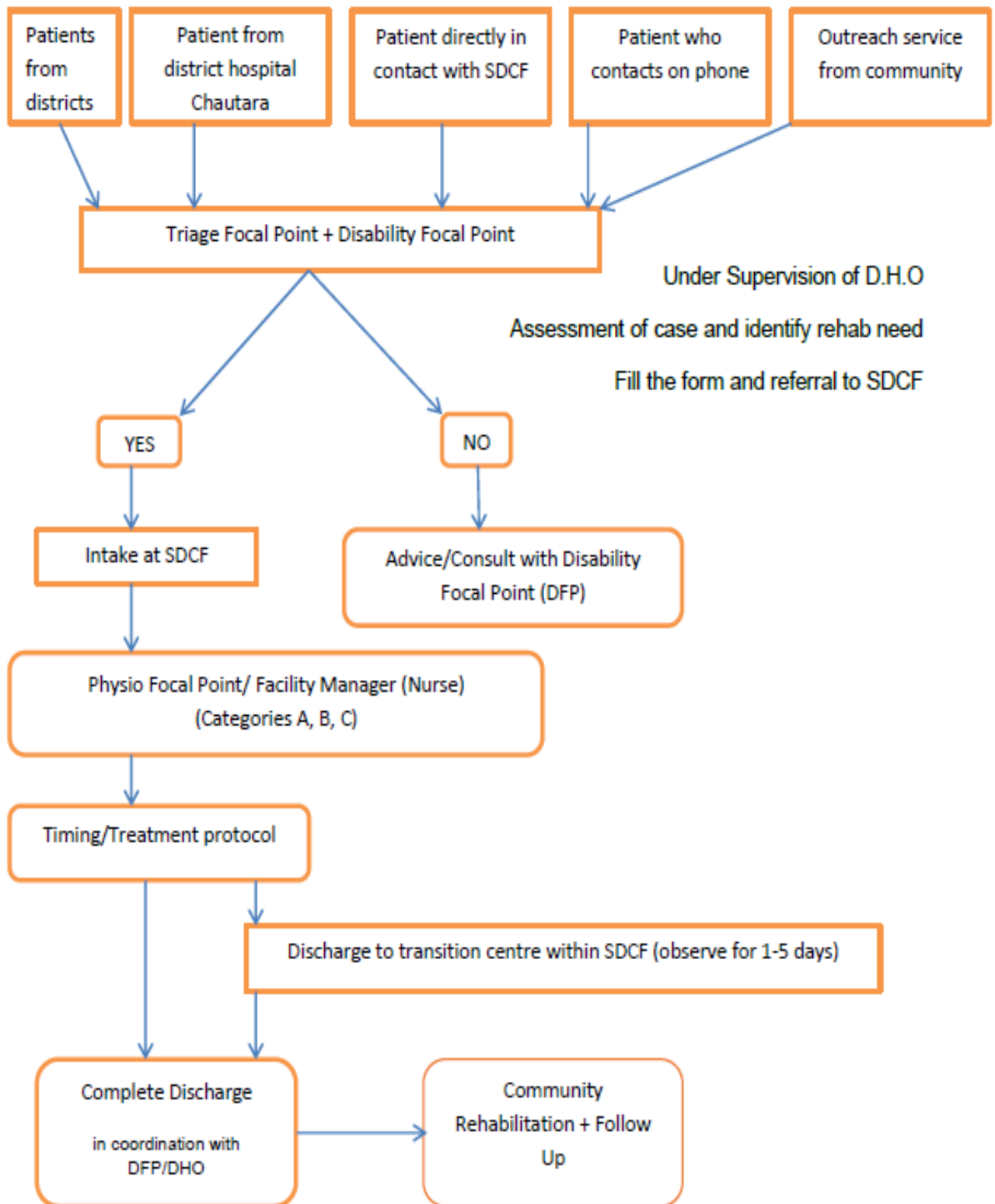
III. Referral of other people with disability to PT/rehabilitation unit by SIRC

New Patient With Disability (PWD) in Community Pathway (not SCI)

HI Contact numbers:
 HI Lead - 9849390881
 Dolakha - 9801089748
 Nawakot - 9801089747
 Rasua - 9801089746
 Sindhulpachowk - 9801089749



12. Referral pathway for Injury Rehabilitation Unit (IRU) of International organization for migration



Facility Focal point IOM IRU at Sindhupalchowk:
Hotline Number: 980 110 8432

13. Referral Criteria of TPO Nepal

Transcultural Psychosocial Organization Nepal (TPO Nepal) is one of Nepal's leading psychosocial organizations. It was established in 2005 with the aim of promoting psychosocial well-being and mental health of children and families in conflict affected and other vulnerable communities. TPO Nepal is a knowledge-driven, innovative organization working in areas disrupted by violence and poverty. We strive to develop local psychosocial, mental health and conflict resolution capacity and systems that promote community resilience, quality of life and self-reliance through education, research, service delivery and advocacy.

The project funded by NHSSP/OPTION has been providing the services of capacity building and psychosocial support in the aftermath of earthquake under the title "Technical assistance to support transition and recovery of Nepal Health's system in post-earthquake situation" with a main objective of integrating mental health in primary care setting.

District covered under NHSSP/OPTION:

- a) Dolakha
- b) Ramechhap
- c) Kavre
- d) Nuwakot

Services available

- 1) Basic psychosocial support, emotional support, counseling services in all 14 earthquake affected districts.
- 2) Basic Mental Health Services in the health facilities (training of health workers from all health facilities in prescribing psychotropic medications and basic psychosocial support): The services are provided by the government health facilities in Ramechhap, Dolakha, Sindhuli, Gorkha and Dhading.
- 3) Once a month supervision of health workers by Psychiatrist in Ramechhap, Dolakha, Sindhuli, Gorkha and Dhading where psychiatrists from TPO Nepal see and discuss about the individual cases present in the community.

REASONS FOR REFERRAL:

Any client with psychosocial problems can be referred for our services. Major symptoms that are encountered are

- 1. Changes in mood / emotion
- 2. Changes in personality
- 3. Sleep / Appetite disturbance
- 4. Behavioral disturbances as in relation to previous behavior

5. Violent / aggressive behavior
6. Suicidal ideations / attempt
7. Irrelevant talk / behavior
8. False firm belief
9. Hearing things others cannot hear / seeing things others cannot see
10. Substance abuse (Alcohol, Cannabis, Opiates etc.)
11. Grief

After the initial management of other disabilities and injuries the patient may have changes in the mood, emotion or behavior or any psycho-social problems and they can be referred for the mental health and psychosocial services to the service providers of TPO Nepal.

Below is the list of focal persons in different districts to be contacted (NHSSP/OPTION)

SN	District	District Coordinator	Phone number
1	Dolakha	Ms. Ganga Rimal	9851192182
2	Ramechhap	Mr. Pandab Prasai	9854040855
3	Kavre	Mr. Rajendra Kafle	9844667959
4	Nuwakot	Mr. Prakash Ghimire	9857051660

Apart from this our services are also present in others earthquake affected districts:

SN	District	Focal Person	Phone number
1	Gorkha	Mr. Bijay Acharya	9851143590
2	Sindhuli	Ms. Janani Magar	9841610658
3	Dhading	Mr. Sunil Khanal	9851153197
4	Sindhupalchowk	Mr. Ram Babu Nepal	9851127479
5	Lalitpur	Ms. Parbati Subedi	9841021433
6	Bhaktapur	Ms. Maiya Laxmi Koju	9841662119
7	Rasuwa	Mr. Punjan Shrestha	9863613501
8	Makwanpur	Ms. Rupa Gurung	9849133363

ANNEX 4.3: COORDINATION MEETING MINUTES

Agenda: Sharing and Finalization of the referral form, discussion on linkage strengthening and sustainability of the project.

Date: 10th June 2016

Time: 10.00 AM – 11.00 AM

Venue: TPO Nepal Office

Participants:

Nikita Kayastha -- SIRC

Fiona Stephenson -- SIRC

Gaetan Mareschal -- HI

Sunil Pokhrel -- HI

Dr. Girwan Timilsina -- IOM

Dr. Radheshyam KC -- IOM

Dr. Pratikshya Chalise – TPO, Nepal

Dr. Pawan Sharma – TPO, Nepal

Damodar Rimal – TPO, Nepal


Discussion:

- Health Service Channels: Service by TPO Nepal
- Sustainability of Project
- Coordination between social workers/ Community Psychosocial workers (CPSW) / Counsellors between organizations
- Open referral system
- Promotion of linkage strengthening
- One stop crisis management (OCMC)
- Inclusion of Physiotherapy, psychosocial services in 2015-2020 NHSSP programme

Action Points:

- DASS score sharing by SIRC
- Promotion of linkage strengthening
- Final document sharing by TPO Nepal
- Next meeting to be conducted in SIRC with discussion to be done on linkage and success stories of the organizations

ANNEX 4.4: PHYSIOTHERAPY ASSESSMENT FORM

PHYSIOTHERAPY ASSESSMENT FORM	
	Government of Nepal Ministry of Health and Population Department of Health Services District Hospital.....

Assessment date: HI ID number:.....

Hospital Registration no.: Name of the client:

Caregiver of the client: Relationship with Client:

.....

Age:..... Gender: Occupation:.....

Address:

District : VDC: Ward: Local address/tole :

Contact no.:

Referred Source (from):

Social Worker Emergency unit Mobile Camp NGOs INGOs FCHV Health Facilities CenterWalking

Date of Onset : _____

Diagnosis:

Amputation Burn Cerebral Palsy CTEV Fracture Head Injury PPRP SCI Stroke

Other Ortho (hip dislocation, arthrogyrosis, rickets, post fracture complications, amelia, osteogenesis imperfecta, osteomyelitis, arthritis, syndactylus/ polyductulus, dwarfism, sprain, low back pain)

Other Neuro (spina bifida, nerve injuries, epilepsy, meningitis, encephalitis, hydrocephalus, leprosy, VIC, spondylitis, muscular dystrophy, others)

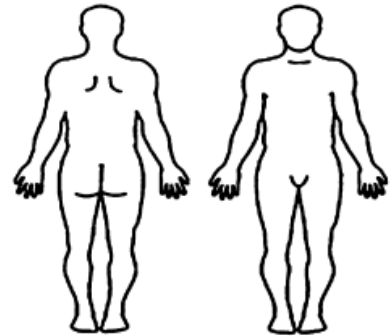
Main Patients Complain:

History of Present Condition:

- Surgery

- Investigation/ Findings /

Previous Medical History:



Pain Assessment:

On observation:

On palpation:

On examination:

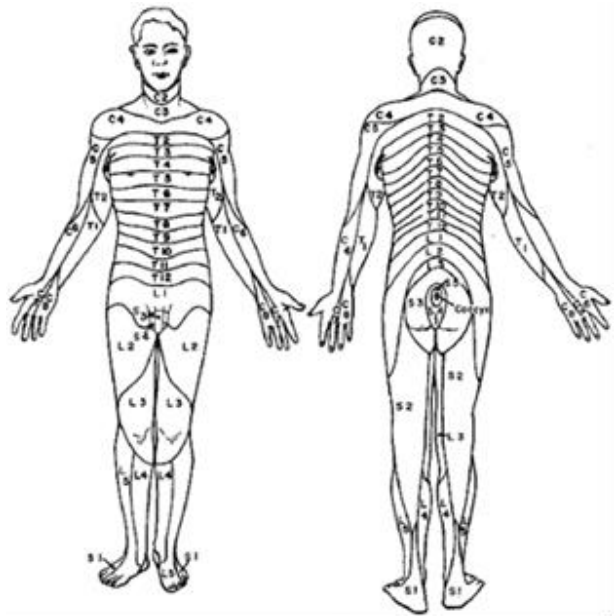
Range of Motion (only mention affected joints)

Manual Muscle Testing

Tone:

Muscle Tightness:

Reflexes:



Sensation:

Special Test:

COMPLICATIONS

Wound infection Location: Severity:	Fracture mal-union Location:	Pressure sore Location: Severity:
---	---------------------------------	---

Hypertrophic scar Location:	Peripheral nerve injury Nerve root:	Necrosis Location: Severity:
Urinary Tract Infection Yes: No:	Compartment syndrome Location:	DVT Yes: No: Location:
Contracture (Left/ Right) Muscle:	Muscle Atrophy Left/ Right Muscle:	Other

FUNCTIONAL ASSESSMENT

PLEASE NOTE: When scoring the functional outcome, the following numbers are assigned to responses: 0 = No Difficulty; 1 = Mild Difficulty; 2 = Moderate Difficulty; 3 = Severe Difficulty; 4 = Extreme Difficulty or Cannot Do
Source of informant: Individual Family member/ Caregiver

ICF classification	Activities	Initial Score	Max Score
Body structure & function	Sitting/Standing for long periods such as 30 minutes		
	Walking a long distance such as a kilometre [or equivalent]		
	Moving around inside house:		
	Moving around outside house:		
Daily life activity	Drinking/eating:		
	Washing your whole body		
	Getting Dressed		
	Toileting		
Participation and inclusion	Taking care of your household responsibilities?		
	Your day-to-day work/school?		
	Joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?		
	Overall Score		

Physical accessibility :(House: entrance, floor/ WASH-toilet , School, Workplace)

SUMMARY OF ASSESSMENT RESULTS

Summary of Assessment (Problem list):

Prescription: *Assistive devices/ IEC materials etc.*

Goal Setting:

Short-term:

Long-term:

Interventions:

Assistive Devices:- (Delivery)

Prosthesis:

Orthosis:

Mobility aids:

Developmental aids:

Orientation/ Advice provided to family member/ Caregiver: Yes No

- Health education (Amputation, Fracture; Head Injury; SCI; Pressure sore; Burn; Wound care; Deep Vein Thrombosis; Urinary Tract Infection; Respiratory Tract Infection)
- Transfers training Use of mobility device Information on rehabilitation process
- Other services

Follow up plan:

Referral to:

- Speicalized Rehab center (NDF).....
- Spinal Injury Rehab Center, specify
- Specialized hospital Specify:.....
- Others:.....

In case of earthquake victim, was there any disability before being injured due to earthquake?

Yes No

If yes, explain it _____


Does the client need long term rehabilitation? Yes No

If Yes, what is the service needed? Please specify _____

Name of therapist _____

Signature _____

ANNEX 4.5: SOCIAL WORKER ASSESSMENT FORM

SOCIAL WORKER ASSESSMENT FORM		
 <p style="margin: 0;">Government of Nepal Ministry of Health and Population Department of Health Services District Hospital.....</p>		
0. DATA MANAGEMENT		
0.1 Entered in database? <input type="checkbox"/> Yes	0.2 HI individual ID number	
1. ASSESSMENT INFORMATION		
1.1 Name of the Individual: Ethnicity: <input type="checkbox"/> Dalit <input type="checkbox"/> Disadv Janajatis <input type="checkbox"/> Religious Minorities <input type="checkbox"/> Disadv non dalit Terai cast <input type="checkbox"/> Relatively adv Janajatis <input type="checkbox"/> Upper cast	1.2 Caregiver's Name: Gender of Caregiver <input type="checkbox"/> Male <input type="checkbox"/> Female	
1.3 Relation with the Individual:	1.4 Caregiver's education: <input type="checkbox"/> informal <input type="checkbox"/> primary <input type="checkbox"/> secondary level <input type="checkbox"/> bachelor <input type="checkbox"/> master <input type="checkbox"/> Illiterate <input type="checkbox"/> other specify:	
1.5 Head of Household Name:	1.6 Total family members: Total Male.....Total Female.....	
1.7 Name of interviewer	1.8 Referred Source (from): <input type="checkbox"/> Social Worker <input type="checkbox"/> DAU <input type="checkbox"/> Mobile Camp <input type="checkbox"/> NGOs <input type="checkbox"/> INGOs <input type="checkbox"/> FCHV <input type="checkbox"/> Health Facilities <input type="checkbox"/> NDF <input type="checkbox"/> Center Walking	
1.9 District of intervention <input type="checkbox"/> Rasuwa <input type="checkbox"/> Sindhupalchok <input type="checkbox"/> Nuwakot <input type="checkbox"/> Kathmandu <input type="checkbox"/> Lalitpur <input type="checkbox"/> Bhaktapur <input type="checkbox"/> Dolakha-Jiri Dolakha-Charikot <input type="checkbox"/> Dhading	1.10 Date of assessment (Month/Day/Year) 1.11 Type of Area <input type="checkbox"/> Urban area <input type="checkbox"/> Rural area	
1.12 Level of assessment <input type="checkbox"/> Hospital, specify : <input type="checkbox"/> In-patients department <input type="checkbox"/> Out-patients department <input type="checkbox"/> Community level, specify : <input type="checkbox"/> Step-down facility <input type="checkbox"/> Camp (shelter) <input type="checkbox"/> Home Visit <input type="checkbox"/> Fix point <input type="checkbox"/> Other, specify : Specify (Hospital, step-down facility, village, etc.)		
2. IF THIS ASSESSMENT IS DONE BEFORE THE PHYSIOTHERAPY ASSESSMENT		
2.1 Phone number:	2.2 Citizenship card number:	
2.3 Earthquake victim ID number if available:	2.4 Age:	
2.5 Date of birth:	2.6 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

2.7 Occupation of Individual: Business, Agriculture, House wife, Civil servant, Student, Foreign employment, Others**Address****2.8 Permanent address? Address where you usually live**

District : VDC: Ward: Local address/tole :

2.9 Current living address? Address where you currently stay, if displaced

District : VDC: Ward: Local address/tole :

2.10 Are you planning to move? Yes No**If yes, What will be your new location?**

<input type="checkbox"/> Hospital, specify :	<input type="checkbox"/> In-patients department	<input type="checkbox"/> Out-patients department
<input type="checkbox"/> Community level, specify	<input type="checkbox"/> Step-down facility	<input type="checkbox"/> Camp (shelter)
	<input type="checkbox"/> to my permanent address	<input type="checkbox"/> Other, specify :

2.11 Specify the name (hospital, step-down facility, shelter, etc.):**2.12 If the individual is going back to his/her home or to a new home, specify :**

District : VDC: Ward: Local address/tole :

2.13 Status: Internally Displaced People Refugee Rest population**Personal factors****3.1 Type of impairment: other impairments**

<input type="checkbox"/> Moving	<input type="checkbox"/> Learning	<input type="checkbox"/> hearing speaking
<input type="checkbox"/> Seeing	<input type="checkbox"/> Behavior	<input type="checkbox"/> Feeling
<input type="checkbox"/> Others		

3.3 Do you have a disability card?
 Yes No
 If Yes, which color:
 Red Blue Yellow White
3.2 Education:
 Informal Primary Secondary Bachelor Illiterate
 Master Other: Specify
3.4 If No disabilities Card: referral to

.....

ENVIRONMENT**Are there any barriers in your family?** Yes No**If Yes, What are the barriers in your family?** Family members not supportive, unavailable Caregiving, Single, Poverty, Gender discrimination, Stigma, Other**What are facilitators among your family, neighbors, friends, other services?****How is your family going to help you? Your friends?** (to be link with goal setting later if there are some issues)**Accessibility****Can you move inside your house?**
 Yes No
 If No, why?
Can you move outside your house?
 Yes No
 If No, why?
Can you reach health services, school?
 Yes No
 If No, why?

PARTICIPATION -Employment	
Have you ever been employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Financial resources? Reference: Land, agricultural product (crops, livestock), business, foreign employment, daily wages, civil services, house rent, loans etc.
Annual Household income? (NPR) <input type="checkbox"/> Less than 20,000 <input type="checkbox"/> 20,000- 50,000 <input type="checkbox"/> 50,000- 1,00,000 <input type="checkbox"/> More than 1,00,000	Skills: <input type="checkbox"/> Vocational skills <input type="checkbox"/> Agriculture <input type="checkbox"/> Animal husbandry <input type="checkbox"/> Others <input type="checkbox"/> None
Socio-Economic Category: (D being poor) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
PARTICIPATION : social	
Are you participating in family chores/discussions?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always
Are you involved in decision making?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always
Do you have regular interaction with you friends?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always
Do you participate to religious/cultural events?	<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always
Are you associated to local networks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PSHYCO-SOCIAL	
The next questions are about how you have been feeling during the last two weeks	
About how often did you feel so afraid that nothing could calm you down – would you say: <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse to answer	About how often did you feel so uninterested in things that you used to like, that you did not want to do anything at all – would you say: <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse to answer
About how often did you feel so hopeless that you did not want to carry on living – would you say : <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse to answer	<i>You may have experienced one or more events that have been intensely upsetting to you, such as the recent events.</i> During the last two weeks, about how often did you feel so severely upset, that you tried to avoid places, people, conversations or activities that reminded you of such event? <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> A little of the time <input type="checkbox"/> None of the time <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse to answer

Injury

GENERAL INFORMATION

Date of Onset: _____

4.1 Type of Impairment (Diagnosis):

- Amputation Burn Cerebral Palsy Club foot Fracture Head Injury Polio
- Spinal Cord Injury Stroke Peripheral Nerve Injury
- Other Ortho (hip dislocation, arthrogyrosis, rickets, post fracture complications, amelia, osteogenesis imperfecta, osteomyelitis, arthritis, syndactylus/ polyductulus, dwarfism, sprain, low back pain)
- Other Neuro (spina bifida, nerve injuries, epilepsy, meningitis, encephalitis, hydrocephalus, leprosy, volkmann ischemic contracture, spondylitis, muscular dystrophy, others)

4.2 Cause of Impairment:

- Earthquake Congenital Conflict Accident (road, work, home, sports, others)
- Disease (Diabetics, Cardiovascular, Emophilia, Others) Unknown (CP)

4.3 What treatment have you had for it? (including rehab services) health facilities?

यस समस्याको बारेमा पहिला के उपचार गरिएको थियो ? अस्पताल ?

4.4 What other problems have you had before?

यसभन्दा पहिला तपाईंलाई केही समस्या थियो ?

4.5 Are you taking medicines? Yes No

तपाईंले केही टयाबलेट खाइरहनुभएको छ ?

4.5 Any investigations?

केही एक्सरे वा स्क्यान गर्नु भएको छ ?

4.6 Observation

Bedridden	Muscle wasting	Nutrition
Deformities		

4.7 Any signs of complications linked to injury?

Wound infection	Fracture Malunion	Pressure sores
Hypertrophic scar (enlarged)	Peripheral nerve injury (hand/ leg)	Necrosis (dead tissues)
Pain	Fever	Compartment syndrome
Urinary Tract Infection		

4.8 TRANSFERS (क्रियासिल कार्यकलाप)

Fill in the table below (put a √ in the appropriate box)

तलको तालिका भर्नुहोस् ? ठीक बाकशमा ✓ चिन्ह लगाउनुहोस् ?

	Independent आफै गर्न सक्ने	Minimum Assist सानो सहयोगको मद्दतमा गर्न सक्ने	Maximum Assist धेरै नै मद्दतको आवश्यकता पर्ने	Remarks (mention position) कैफियत
ROLLING TO : वल्टी पल्टी गर्न सक्ने Left बाया Right दाया				
LYING TO SITTING सुतेको ठाँउबाट उठेर बस्न सक्ने				
SITTING a:g ;Sg]				
SITTING TO STANDING बसेको ठाँउबाट उठ्न सक्ने				
TRANSFERRING Eg BED TO CHAIR यता उता गर्न सक्ने उदाहरणको लागि खाटबाट कुर्चि सम्म				

4.9 Write if they use any aid (Assistive devices) Yes No

If yes, Prosthesis Orthosis walker stick crutches wheelchair Others:.....

८ उनीहरूले कुनै प्रकारको सहयोग सामाग्रीको प्रयोग गर्छन्, भने त्यसको नाम लेख्नुहोस् जस्तै टेकी, लट्टी, वैशाखी, व्हीलचेयर आदि

4.10 If they use a device where and when did they obtain it

तिनीहरूले कुनै सहयोग सामाग्रीको प्रयोग गर्छन् भने त्यो सामान कहाँबाट प्राप्त गर्छ रु

HI Others organization, mention name

Received when:.....

PLEASE NOTE: When scoring the functional outcome, the following numbers are assigned to responses:			
0 =No Difficulty; 1 =Mild Difficulty; 2= Moderate Difficulty; 3= Severe Difficulty; 4= Extreme Difficulty or Cannot Do			
Source of informant: <input type="checkbox"/> Individual <input type="checkbox"/> Family member/ Caregiver			
ICF classification	Activities	Initial Score	Max Score
Body structure & function	Sitting/Standing for long periods such as 30 minutes		
	Walking a long distance such as a kilometer [or equivalent]		
	Moving around inside house:		
	Moving around outside house:		
Daily life activity	Drinking/eating:		
	Washing your whole body		
	Getting Dressed		
	Toileting		
Participation and inclusion	Taking care of your household responsibilities?		
	Your day-to-day work/school?		

	Joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?		
	Overall Score		

4.11 PROBLEM LIST मुख्य समस्याको सुचि

1. Shelter :
2. Nutrition:
3. Livelihood
4. Psycho-social
5. Health and rehabilitation:
6. Others:

4.12 REHABILITATION PLAN AND GOAL SETTING (SMART)

GOAL and timeframe	INTERVENTIONS: Information on available services. Referral to other services: health, nutrition, shelter. Mobilization and Assistance with Activities of Daily Living. Education of patients and caregivers on prevention of complications .Monitoring of use of assistive devices. Counseling and follow up plan
GOAL 1	
GOAL 2	
GOAL 3	

4.13 Orientation provided to family member/ Caregiver: Yes No

Health education (Amputation, Fracture; Head Injury; SCI; Pressure sore; Burn; Wound care; Deep Vein Thrombosis; Urinary Tract Infection; Respiratory Tract Infection)

Transfers training Use of mobility device Information on rehabilitation process

Other services

4.14 Any further support:

4.15 Referral to:

Women Children Office District Admin Office Rehab Center/NDF DPOs Other NGOs

Transcultural Psychosocial Organization Spinal Injury Rehab center Specialized Hospital

Other

4.16 In case of earthquake victim, was there any disability before being injured due to earthquake? Yes No

If yes, explain it _____

4.17 Does the client need long term rehabilitation? Yes No

If Yes, what is the service needed? Please specify _____

Name of Social Worker: _____ Signature: _____

Signature of PT फिजियोथेरापिष्टको सही _____