



NRH

**National
Rehabilitation
Hospital**

**National Rehabilitation
Hospital
Paediatric Programme
Scope of Service
2023**



**National Rehabilitation Hospital
Scope of Service for the Paediatric Programme**

INTRODUCTION

The **Paediatric Family-Centred Rehabilitation (Paediatric) Programme** at the National Rehabilitation Hospital (NRH) provides **specialised, interdisciplinary, coordinated, outcomes focussed** rehabilitation for children and young people with disability resulting from acquired neurological injury or illness. The NRH provides services for children and young people up to the age of 18 years following a brain injury, spinal cord injury or limb absence.

The Paediatric Programme recognises the unique nature of neurological injury that occurs during childhood; the impact of the injury or illness on the child and the family; the potential impact of the injury or illness to all aspects of the child's development, physical, cognitive, social and emotional; and the unfolding nature of the impact as the child/young person continues to develop and grow.

The Paediatric Programme is grounded in a philosophy of child and family-centred care. This places the child/young person and their family at the centre of services by advocating for their needs, protecting their rights, respecting their diversity, values, and preferences, and actively involving them in the provision of care. The Paediatric Programme places a particular emphasis on working with the family as a whole.

Rehabilitation in the Paediatric Programme is designed to improve the abilities and function of children and young people following their injury or illness and aims to maximise the ability of the child or young person to participate in activities at home, school, and the community, and to lead full lives.

The Paediatric Programme in the NRH is the only national tertiary service providing post-acute complex specialist rehabilitation in Ireland. Aligned to national strategy, the Paediatric Programme works to enable a 'rehabilitation without walls' approach for the children and families served, whereby the team works with existing services to support the transitions across the continuum of rehabilitation care and throughout the childhood years into adult services as required.

Rehabilitation Setting

The National Rehabilitation Hospital (NRH) is a publicly financed, voluntary, free-standing, 120 bed inpatient and outpatient rehabilitation hospital located in the south Dublin suburb of Dun Laoghaire.

The Paediatric Programme operates in a purpose-built, child and family friendly, enclosed fully integrated unit known as "Daisy Unit" which is located on Level -1 in the new hospital building. Daisy Unit provides the rehabilitation setting for intensive in-patient and day-patient rehabilitation, for review clinics, for outreach teleconferencing and for specialist rehabilitation focused camps and events.

Daisy Unit is comprised of eight single en-suite rooms each of which accommodate a child/young person and one parent. A pull-out bed is provided for the parent to stay in the bedroom. Integrated into the unit is a reception and waiting area, individual therapy and treatment rooms, therapy gym, music therapy room, multisensory room, multisensory bathroom, administration offices and meeting rooms, a team hub, a school room, and a staffroom. Other rooms

provided are a family room, teenagers den and a dining/recreation/playroom. The unit has an adjoining outdoor playground adapted to the needs of the children and young people participating in the rehabilitation programmes offered. The unit is built around a central enclosed courtyard that is designed and equipped to facilitate the children and young people's rehabilitation programmes.

The safety and protection of the children and young people is paramount. The NRH has its own Policy and Procedures for the Protection of Children in the hospital, both on and off Daisy Unit with reference to areas that are used by patients in the adult programmes.

Hours of Service

The Paediatric Programme operates a 5-day per week service, with 24-hour nursing and medical cover. Therapy and ancillary care is provided during operating hours Monday – Friday. The child/young person returns home at weekends to rest, spend time with family and to practise individually devised home programmes of rehabilitation activities. Specialised services, camps and training are also held on Saturdays throughout the year to accommodate family involvement and child and family preference and needs. These camps focus on peer support, sibling support, education for child and family, and family fun and participation.

Frequency of Services

The Paediatric Programme has a 24/7 rehabilitation philosophy. In the intensive inpatient and day patient rehabilitation programmes, each child/young person has a weekly timetable outlining therapy sessions, rehabilitation activities and education sessions for both the child/young person and their parent/carer. Although dependent on the needs, age and developmental stage of each individual, a minimum of two hours of therapeutic input is timetabled for each day.

Objectives of the Programme

Under the direction of the Paediatric Programme Medical Director, the Paediatric Programme Manager, in conjunction with the child or young person and their families/carers, the Paediatric Programme provides individualised, goal-directed rehabilitation designed to lessen the impact of impairment and to assist each child or young person to achieve their desired levels of functional independence, social participation and community reintegration.

The Programme aims to:

- To achieve the maximum rehabilitation potential of each child/young person – physically, emotionally, socially, and cognitively.
- To involve the children/young people and their families/carers at all stages of the rehabilitation process through the promotion of a collaborative partnership approach
- To effectively support the successful reintegration of the child/young person into his/her home, school, and the wider community.
- To help and support the child/young person and his/her family to adjust to loss, changed self- image and abilities experienced as a result of from their illness/injury.
- To liaise and advocate with Health, Therapeutic and Education Authorities in the young person's local communities to support their ongoing rehabilitation needs.
- To provide rehabilitation training, education, and information in an accessible manner to the young person and to the family/carers to enable them to advocate and care for their child and their needs.

- To provide rehabilitation training, education and information to Teachers/Special Needs Assistants and Personal Assistants and other service providers and community personnel to support the successful transition of the child/young person to their home and community.

NRH Paediatric Programme Continuum of Care

The NRH Paediatric continuum of care takes account of the changing needs of a child or young person with an acquired injury as they grow and develop through childhood into adulthood.

The NRH Paediatric Programme offers the following services:

- The Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) for new admissions
- The Comprehensive Integrated Inpatient Rehabilitation Programme (CIIRP) for return patients
- Specialist Interdisciplinary Assessment for return (review) and new patients (defined purpose)
- Specialist Interdisciplinary Pre-admission Assessment
- Outpatient Review Clinics for children with ABI and SCI
- Outreach activities both preadmission and follow-up after discharge
- Specialist outpatient events and activities
- Outpatient Clinic: Transition to Adult Services (led by consultant for adult services)

The NRH Paediatric continuum of care is delivered flexibly on an inpatient, day-patient, outpatient, and outreach basis as appropriate to the needs of the child/young person and their family. The intensive inpatient and day-patient programme accommodates 10 places at a time.

Important in this continuum of care is communication and working links with all internal and external stakeholders to facilitate coordination of care and access to information and services.

Inpatient and Day Patient Intensive Rehabilitation Services

The **inpatient and day patient rehabilitation programme** has assessment, intervention, and discharge phases which usually run sequentially:

The **Assessment Phase**: The aim of this phase is to identify if and how the child will benefit from the NRH Rehabilitation Programme. Interdisciplinary (IDT) Goal planning takes place at this point followed by goal feedback to the family which is generally managed by the Social Work staff.

The **Intervention Phase**: the length of this depends on the child's individual needs. This phase focuses on progress towards rehabilitation goals, education, support, and adjustment and requires active participation of the child/young person and family, including continuation of the programme while on weekend leave. Each child/young person is provided with a weekly timetable outlining therapy sessions, rehabilitation activities and education sessions for both the child/young person and their parent/carer. If age appropriate, the child/young person will attend the NRH school. Close liaison between school and clinical staff will support integration of rehabilitation strategies and approaches into the classroom. Potential accommodations and supports for return to community school can be identified and prepared for. A family meeting with the team is organised during this phase.

The **Discharge Planning Phase** at the NRH is focused on preparing the child and family to return home, to education and to life in the local community as much as possible. During this phase, the child/young person may attend less therapy sessions while the team liaise with their community colleagues, schools and services and prepare the IDT Discharge report and home programmes. The

child/young person may attend their own school for short periods during this time. The Paediatric Team will be in contact with the child/young person's school and local community clinical services as required, providing handover, training and support.

Review and Follow-up Services

When a child/young person is discharged from the inpatient or day patient intensive rehabilitation programme, they will be offered one or more of the following services appropriate to their needs:

Post-discharge Follow-up phone call is made by the Paediatric Liaison Nurse 6 weeks after discharge from the inpatient and day patient intensive rehabilitation programme.

Review clinics and admissions are scheduled for each child/young person according to need and aligned to key developmental milestones or transition points.

Outreach activities are, as appropriate to need, provided **post discharge** from the Paediatric Programme to support transition back to home and school, and to support continuity of care with the child/young person's community team.

Children and young people, are as appropriate, invited to **Specialist Camps and Events** to support their ongoing and changing needs those of their family.

If appropriate, the child/young person may be ready for discharge from the service or for transfer to the NRH adult services.

Outreach activities are, as appropriate to need, provided **prior to admission** to the Paediatric Programme to support smooth transition into the programme or to offer specialist supports and knowledge at an early stage to prevent complications (e.g., positioning, spasticity management etc.,).

Exclusion Criteria

In situations where the appropriateness of admission is unclear the child/young person may be seen by the Consultant Paediatrician and members of the Interdisciplinary Team for a pre-admission assessment as a day patient.

Children and young people are excluded from the Paediatric Programme where other needs (medical/psychiatric/behavioural/drug & substance misuse) predominate over the potential to benefit from specialised paediatric rehabilitation care and the cognitive, physical and psycho-social needs of the patient. In these cases, recommendations may be made to the referring party regarding other more appropriate services at the time.

The Programme is proficient in caring for those who have respiratory compromise including those with tracheostomy however cannot accommodate a child/young person who is ventilator dependent.

Admission Criteria

To be admitted to the Paediatric Programme the patient must:

- Be under 18 years of age.
- Be medically stable.
- Have the potential to benefit from an interdisciplinary rehabilitation programme.
- Have medical, nursing, and interdisciplinary therapy needs requiring the services of the specialised Interdisciplinary Paediatric Rehabilitation team.
- Be accepted under the care of the National Rehabilitation Hospital (NRH) Paediatric Medical Consultant.

The Paediatric Programme at the NRH accepts referrals for children/young people with the following diagnoses:

- Acquired Brain Injury of traumatic (RTA, falls, assaults, sports injuries) and non- traumatic origin (tumour/AVM/aneurysm/ infection)
- Acquired Spinal Cord Dysfunction of traumatic (falls, ballistic injury) and non-traumatic origin (Transverse Myelitis/ tumour/Guillain Barré Syndrome)
- Acquired and congenital limb absence with prosthetic intervention
- Other acquired neurological conditions requiring specialist rehabilitation.

A young person of 16 – 18 years may be considered for the NRH Adult Programme if this is deemed by the relevant stakeholders that the individual's needs will be best met in that programme.

Discharge Criteria

Potential challenges/difficulties regarding discharge issues will be identified during the pre-admission process and planning for a constructive timely discharge will be commenced at the point of admission.

To be discharged from the Paediatric Programme, one or more of the following conditions must be met:

- The child/young person will have achieved their identified rehabilitation goals and received maximum possible benefit from their inpatient programme.
- The child/young person has improved to the projected functional level that will allow discharge to a specified environment.
- The child/young person's ongoing rehabilitation needs can be appropriately met in an alternative environment such as local community based paediatric services.

- The child/young person has experienced a major intervening surgical, medical, or psychiatric problem that precludes benefit from a continued intensive rehabilitation programme.
- The child/young person and/or their family/carers no longer willingly agree to cooperate/participate in the rehabilitation process.
- The young patient has reached 18 years of age and is appropriate for referral/transition to adult services.
- Children/young people will be referred to Paediatric Palliative Care Services, should this be required.
- If a child/young person becomes too unwell for management with his/her rehab programme, he/she will be referred back to the primary carer.

Referrals

Referrals are received from across Ireland: major referring hospitals are Children's Health Ireland (CHI) at Crumlin, Tallaght and Temple Street, Beaumont, and Cork University Hospital neurosurgical units. Referrals are also accepted directly from general practitioners (GP) and health and social care practitioners in the primary and community care teams.

Referrals are logged when received and are triaged by the Consultant Paediatrician and the Admissions Forum. If a referral is incomplete, referrers are contacted and asked to complete the Minimum Data Set form. In some cases, the initial referral documentation may indicate the need for a risk assessment or further information from families/carers, schools, local therapeutic service providers and this will also be requested or set up at this stage to ensure appropriate and timely admissions.

Although the inpatient programme has admission criteria the NRH (as a publicly funded organisation) does not operate a denial of services. In response to any referral there is an assessment of eligibility for the programme. If no service can

be offered advice from a medical rehabilitation perspective is given to the referrer. If the referral is outside the Scope of Service, the Consultant corresponds with the referrer, suggesting a more relevant service if such service is known.

Admission to the programme is based on the assessment of rehabilitation needs and on meeting the programme's admission criteria. The Paediatric Programme operates a Waiting List Management System, implemented by an Admissions and Waiting List Management Group to ensure that all administrative, managerial and professional health care staff follow an agreed minimum standard for the management and administration of the patients on the list in adherence to national waiting list policy.

For children/young people who are ready to benefit from rehabilitation interventions at the NRH, but are medically unable to commence spending weekends at home then arrangements may be made for them to return to their familiar acute paediatric hospital service at weekends for a period. Alternatively, a local paediatric hospital setting near to the family home may be asked to accommodate the child/young person at weekends so that they may be able to participate in short trips home during the day or have more visits from family and friends.

Services Provided for the Person Served:

Our Interdisciplinary team offers an integrated approach to assessment and rehabilitation. We combine medical and nursing care, therapy, education, play and family support to facilitate children and young people to regain skills and maximise their ability to participate in family, education, and community life.

Initial interdisciplinary assessments of rehabilitation needs are generally carried out by the Paediatric programme team at the beginning of an admission, and this will then guide the decision as to whether a period of individual, goal focused rehabilitation is appropriate. The assessments consider for each child/young person, their age, stage of development, their family circumstances and cultural background. The initial and ongoing/review assessments are carried out by personnel with the paediatric competencies necessary to evaluate and facilitate the achievement of predicted outcomes in the following areas as appropriate:

- Behaviour
- Cognition
- Communication
- Functional abilities
- Medical
- Pain management
- Physical
- Psychological
- Recreation and leisure
- Social
- Community
- Education/vocational
- Emotional
- Family
- Sexual health and well-being

Services offered in the Paediatric Programme to meet identified needs could include:

- Activities of daily living (ADL) assessment and training
- Adaptive equipment assessment and training
- Aquatic Physiotherapy
- Art Therapy
- Assessment and advocacy for community state education services
- Assistive technology assessment and training
- Behavioural assessment and management
- Bowel and bladder training
- Clinical neuropsychological assessment

- Cognitive rehabilitation training
- Community services and school liaison/ transition/
- Coping with and adjustment to disability support
- Counselling in relation to, child/young person/family changed expectations, bereavement/grief/coping
- Dental Services
- Discharge Planning
- Driving and community transport assessment
- Dysphagia assessment and management
- Entitlements, benefits counselling, advocacy and guidance
- Family/ support system education, training, and counselling
- Independent living skills assessment & training
- Medical assessment and management
- Mobility assessment and training
- Music Therapy
- Nutritional counselling and management
- Occupational Therapy
- Orthopaedic assessment
- Orthoptics
- Orthotics and splinting assessment and training
- Pastoral and spiritual guidance
- Patient advocacy and support
- Patient education, training, and counselling
- Pharmaceutical care, management, and training
- Podiatry/Chiropody
- Physiotherapy
- Prosthetic assessment, training, and management
- Psychosocial assessment and psychotherapeutic intervention
- Radiology
- Rehabilitation nursing

- Relaxation and Stress Management
- Respiratory therapy
- Safety awareness and training
- Sexuality health and well-being education and counselling
- Smoking cessation training and support
- Spasticity management
- Speech/Language and communication assessment and training
- Sports and Exercise Physiotherapy
- Urology service
- Vocational assessment and counselling

Ancillary services could include:

- Advanced assistive technology assessment and prescription
- Medical speciality referral for consultation including Radiology - Brain Imaging, Orthoptics and Neuro-ophthalmology, and Orthopaedics
- On road driving assessment and training
- Optician
- Osteoporosis assessment
- Podiatry
- Substance abuse counselling
- Flexible Endoscopic Evaluation of Swallowing (FEES)

If additional services are required and not available on-site at NRH, the Paediatric Programme can facilitate referral to a wide range of ancillary and support services.

Paediatric Programme Staff:

Children and young people with acquired brain injury, spinal cord injury and/or limb absence in the Paediatric Programme frequently have complex disabilities and subsequently complex rehabilitation needs which require specialist intervention by a range of professionals. The composition of the interdisciplinary team for each child/young person and their family is determined by the assessment of the person's individual medical and rehabilitation needs, an individualised goal planning process, the predicted outcomes and the strategies utilised to achieve the outcomes predicted. The team may include:

- Art Therapist
- Brain injury liaison coordinator
- Brain Injury preadmission coordinator
- Chaplain
- Clinical neuropsychologist
- Clinical psychologist
- Dietitian
- Discharge liaison occupational therapist
- Health care assistants
- Aquatic Physiotherapist
- Medical Social worker
- Music Therapist
- Occupational therapist
- Pharmacist
- Physiotherapist
- Psychiatrist
- Radiologist
- Recreation Therapist
- Rehabilitation medicine specialist

- Rehabilitation nurse
- Speech and language therapist
- Sports and exercise physiotherapist

The carrying over of new skills gained in treatment into daily activities and into discharge environments is critical to the success of any rehabilitation programme.

All team members, including the staff grade therapists who rotate between the NRH programmes, are assessed annually as to their skills, knowledge, and competencies.

Services provided for Families, Carers and Support Systems of Person Served:

Family-centred care is the cornerstone of the Paediatric Programme. It places children and families at the centre of the service by advocating for the needs of service users, protecting their rights, respecting their diversity, values, and preferences, and actively involving them in the provision of care. Young people and their families are involved in goal setting, education about their condition and self-management, where appropriate. The Paediatric team offer parental education and opportunities for family peer support. Siblings are encouraged to attend the unit and participate in therapy sessions, and each family has a medical social worker as their key worker. The team place a particular emphasis on working with the family as a whole.

Many services are available within the Paediatric Programme to meet the needs of the family/support system including:

- Entitlements/benefits counselling, advocacy, and guidance
- Family advocacy and support
- Family education, training, and counselling

- Relaxation and stress management for patient and family
- Safety awareness and training
- Pastoral and spiritual guidance services
- Family/ support system education, training, and counselling
- Information about community support, advocacy, accommodation, and assistive technology resources.

Parents are given an information booklet on the NRH and the Paediatric Programme before admission as well as a leaflet on the Phases of Rehabilitation. The Social Worker also gives a talk to parents/families on “Family’s Journey through Rehab”. As weekend leave is part of the programme, formal feedback via the weekend leave form is requested from parents/carers by nursing staff on the child’s return.

Discharge Outcomes and Environments

It is always the aim of the Paediatric Programme to discharge children and young people to their chosen/family home environment and local mainstream education settings. Where this is not possible the team will work with the young person and their family together with community services to identify and achieve the most appropriate and desired setting. When necessary, and possible, children/young people may remain in the NRH after their rehabilitation goals have been achieved for a period to prevent distress or admission to inappropriate interim placement. In these circumstances the admission will be recognised by the NRH senior management as a “delayed discharge of care” and representations made to relevant funding authorities to release necessary financial/support services.

The NRH strives to deliver goal orientated rehabilitation for all patients who require our service. However, it is recognised that in some instances active rehabilitation is not the appropriate or suitable approach for the patient and / or their family. In such cases, the NRH will liaise with all relevant parties to ensure

the best possible outcome for all. For instance, in the case of palliative care, when medically indicated and in full agreement with the patient and/or their family, the NRH will refer to the acute hospital to support the transition to such services.

Patient Mix

As the national rehabilitation service, at any given time, the Paediatric Programme caters for children and young people who vary in age and levels of ability/disability. There may be occasions when services are being provided simultaneously to, a young child with communication and learning difficulties following meningitis, a young teenager with memory, concentration and behaviour difficulties following a brain injury sustained in a car accident, a child with a spinal injury sustained in a fall unable to mobilise independently, and a young person requiring training in the use of a new prosthetic limb. Assisting children, young people, and their families to cope with and co-exist with the differing needs of all is a priority for staff.

Links with Children in Hospital Ireland Volunteers & NRH Volunteers

Children in Hospital Ireland have volunteers specially trained in working with children in a hospital environment and the NRH has a number of Play People as part of the programme.

The focus on the Play People is to engage in play activities with the child, give them a break from the difficult regimes they may have to go through and allow parents some down time. Since much of paediatric rehabilitation is done through play however, there are opportunities to enhance the child's programme through this service. The Children in Hospital Volunteers can enhance or reinforce the child's programme and their ability to join in play. For example, a child may enjoy co-ordination exercises through a computer game, or the play may be more

successful if the volunteer is aware that the child is better with one activity at a time.

School Education on-site for the Paediatric Programme

The Department of Education and Science provide term time schooling onsite for all children and young people – 4 to 18 years (i.e. those children having reached the age of 4 years on or before 1st September of the school year in question) attending the NRH. The school is integral to the young person's rehabilitation process. The school also has access to a Special Education Needs Organiser through the Department of Education and Science.

Review & Clinic Services

The review of children seen by the NRH Paediatric Programme are considered an important element of the rehabilitation programme, as the rehabilitation needs of children/young people can change as they grow and develop.

Paediatric review appointments can be for one of the following:

- Paediatric Consultant Led Spinal Cord Injury Multidisciplinary Clinics (These clinics continue to prove an effective and efficient forum to manage children and young people with a spinal injury comprehensively)
- Paediatric Consultant Led Multidisciplinary ABI clinics: International best practice indicates that children with ABI should be reviewed at key stages in their development and/or as required. Children with ABI can appear less complex initially and then become more complex as times passes. Cognitive, social, and behavioural issues are known to increase over time.
- In collaboration with the NRH POLAR team for children with limb absence

The type of review appointment scheduled will be determined by the individual child/family's needs. The decision as to most appropriate review service the child/young person may need is based on:

- a) IDT discharge report recommendations
- b) Pre-review questionnaire circulated in advance of review
- c) Diagnosis

The primary objective of the Review is to assess the durability/sustainability of outcomes achieved following inpatient admission, to provide tertiary advice and onward referrals, and to support child and family centred rehabilitation across the continuum of care throughout childhood.

The Paediatric Programme Outpatient Review should include review of the following domains:

- Medical status (including details of any re-hospitalisations)
- Functional status including durability of outcomes following in-patient admission.
- Psychological needs
- Equipment status
- Participation status (including initiation, socialisation, leisure pursuits, transportation)
- Educational status
- Community living status
- Life-long care plans

Criteria to Avail of Review Services

- Have been previously assessed and received rehabilitation services by the NRH Paeds interdisciplinary team.
- Emerging rehabilitation needs of the child/young person cannot or are anticipated to be able to be met by community services because of their complex nature
- Child/young person is assessed, by the interdisciplinary team, as needing to avail of specialised rehabilitation therapeutic services at regular intervals throughout their childhood to benefit from the identified pathways/treatment guidelines for brain injury, spinal injury, and limb absence.

Information gained through a review will be shared with the child/young person, their family/carers and relevant community services. Referral to services necessary to meet the emerging/continuing needs of the child/young person will be made, and when appropriate, referral/transition to adult services will be made.

Transition to Adult service

The over-arching aim of transitional care is to help young people achieve the best possible health, social and vocational outcomes as they enter adulthood, and this is of particular importance in the setting of an acquired brain injury.

Preparation for transition should be planned and phased, given that paediatric care is family-centred and developmentally focused and in this respect differs from adult medical services which support patient autonomy in healthcare planning and decision making. Whilst there is not universal agreement about the age threshold or number of steps necessary, all would agree that the concept of transition should be introduced in early adolescence.

Candidates for the Transition Clinic will have been identified at an earlier stage in their rehabilitation (e.g. from age 14 – 17 years) under the care of the NRH Paeds team who will have provided some education and support on the process of transition. Formal written referrals for the Transition Clinic is generated by the Consultant Paediatrician or her deputy and these are screened by the lead physician for the clinic who, in consultation with interdisciplinary colleagues, may decide to accept or recommend an alternative care pathway for the individual. An appointment will be offered based on the urgency of clinical need and availability of clinic slots.

For transition to be successful, the following are important considerations:

- Effective **communication** and exchange of clinical records between paediatric and adult services.
- Flexibility with respect to the **timing of transition**, as not all young people will be ready to make the transfer to adult services at the same age. Issues such as cognitive and physical development, emotional maturity and general health status should be taken into account when planning transition. This is particularly relevant for young people with co-existing medical and/or mental health conditions.
- Appropriate **educational interventions** should be available to help the young person understand the nature of their brain injury, residual impairments, activity limitations and participation restrictions, including how to navigate the healthcare system and seek help from appropriate health professionals.

Criteria for referral/transition to NRH Adult Services

- Be current or previous patients of the NRH Paediatric Programme

- Be 18 or approaching 18 years of age.
- Need continuing specialised complex rehabilitation services as provided by the specialty NRH adult programmes.
- Be between 16 and 18 years of age and be living an adult lifestyle that would conflict with the needs of other patients of the Paediatric programme

Discharge Criteria

Persons attending the Transition Clinic will be considered for discharge if they fulfil any of the following criteria:

- Attainment of age 25 years
- Deemed by the clinic personnel to have fulfilled all goals identified in the initial consultation
- Require other medical, surgical, or psychiatric treatment which would preclude continuing attendance at the Transition Clinic
- Needs can be met appropriately in another health care environment
- No longer willing to attend or participate in the clinic

Costs

The National Rehabilitation Hospital is a publicly financed, voluntary, CARF accredited, freestanding in-patient, day and outpatient rehabilitation hospital located in Dun Laoghaire, County Dublin.

The Paeds service is part of the NRH and therefore there are no fees for the delivery of patient services. There may be costs involved in the provision of some equipment and services for the child/ young person's return to the community and where appropriate the family will be helped to apply for funding for any such expenses via an application e.g. for a Medical Card or Domiciliary Care Allowance.

The NRH is also able to receive costs, through court settlements, for the treatment of patients injured as a result of a road traffic accident.