Scope of Services

The Acute Medical Inpatient Rehabilitation program is a 16-bed unit located within the Medical Center campus of Texas Children's Hospital (TCH). TCH Medical Center campus is a 660 licensed bed Level I Trauma Center. The inpatient program functions 24 hours a day, 7 days a week. The rehab program works with most insurance companies, state funded Medicaid programs, as well as self- pay arrangements as necessary. The Rehabilitation program consists of experts in pediatric rehabilitation who strive to provide the most up to date, progressive, and evidence-based rehabilitation to the patients and families. The services provide comprehensive care and are based on the specific needs of the patient and family. Services address physical, social, psychological, developmental, and educational needs of the patient and family.

Services Provided

- Animal-Assisted Therapy
- Art Therapy
- Chaplain
- Child Life
- Education Specialists
- Music Therapy
- Neuropsychology
- Occupational Therapy
- Pediatric Physiatry
- Physical Therapy
- Psychology
- Registered Dietician
- Rehab Care Coordination
- Rehab Nursing
- Respiratory Therapy
- Social Work
- Speech Therapy
- Therapeutic Recreation

Services Available for Families/Support Systems

- Social Work – community and financial resources
- Psychology – psychosocial support (grieving and coping)
- Pastoral care – spiritual support/chapel
- Amenities – The Child Life Zone, Radio Lollipop / Kids' Own Studio, Family Resource Center, Phi Beta Phi Patient/Family Library, Houston Independent School District classrooms, family laundry, Ronald McDonald House
- Collaboration with schools, external vendors, community resources and more

Other Services Available

- Assistive Technology Professional (Rehab Engineer)
- Audiology
- Family Advocacy
- Financial Counseling
- Orthotist/Prosthetist
- Pain Management
- Pharmacy

Medical Services

The Rehab Physician strives for excellence in the delivery of care provided to the patient and family. The following are medical services available:

- Adolescent Medicine
- Anesthesiology
- Cardiology
- Critical Care
- Dentistry
- Dermatology
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Genetics
- Gynecology
- Hematology/Oncology
- Nephrology/ Dialysis
- Neurology
- Neurosurgery
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pain Management
- Pediatrics
- Pharmacy
- Physical Medicine and Rehabilitation
- Proton Therapy
- Psychiatry
- Psychology
- Pulmonary
- Radiation Therapy
- Radiology
- Rheumatology
- Sleep Lab
- Sports Medicine
- Surgery (trauma, plastic and general)
- Urology
- Wound Care

Populations Served

Diagnoses considered appropriate for admission to rehabilitation include, but are not limited to:

- Acute Disseminated Encephalomyelitis (ADEM)
- Amputation
- Anoxic Brain Injury
- Acquired Brain Injury
- Cerebral Palsy
- Deconditioning
- Encephalitis
- Guillain Barré Syndrome (GBS)
- Intracranial Hemorrhage (ICH)
- Meningitis
- Multiple sclerosis
- Near Drowning
- Post-op Orthopedic Surgery, Including Single Event Multilevel Surgery (SEMLS)
- Post-op Neurosurgery, Including Selective Dorsal Rhizotomy (SDR)
- Polytrauma
- Hereditary Spastic Paraplegia (HSP)
- Spasticity Management
- Spina Bifida (Myelomeningocele)
- Spinal Cord Injury
- Stroke / Ateriovenous Malformation (AVM)
- Transverse Myelitis
- Traumatic Brain Injury
- Tumor

Referral Sources

We welcome patients from across Texas, the United States, and internationally. Physician referrals are required to start the review process. Each referral is evaluated individually based on the unique needs of the patient and family.

Financial Information

1. ***Insurance***: Go to *https://www.texaschildrens.org/patients-families/insurance-and-billing/accepted-insurance-plans* for a list of payors who are contracted with Texas Children's Hospital. Please confirm Texas Children's participation with your health plan as some benefit plans utilize narrow networks which may exclude Texas Children's.
2. ***Fee Estimate***: Know the cost of your healthcare and receive your personalized cost of care estimate by going to *https://www.texaschildrens.org/patients-families/insurance-and-billing/cost-estimate*.

Considerations for Admission

Each case is evaluated individually, and admission decisions are based on patient/family needs and program services offered. The following are the basic parameters of our program:

1. ***Age*****:** Patients are within 6 months to 21 years of age.
2. ***Medical Acuity:*** Patients are considered medically stable and now in the management stage with tracheotomy, deep lines, wounds, etc. Patients are stable on established, chronic BIPAP/CPAP settings at night.
3. ***Medical stability:*** Patients are medically stable enough to tolerate rehabilitation and obtain maximum benefit from rehabilitation services. Patients should have the potential to tolerate and participate in a minimum of 3 hours of therapeutic intervention per day.
4. ***Impairments*****:** Patients experiencing physiological or psychological loss resulting in a functional loss or combination of impairments. Types of functional impairments may include: communication, cognition/perception, physical movement – gross and fine motor skills, activities of daily living, mobility/locomotion, psychological, and bowel/bladder dysfunction.
5. ***Activity Limitations:*** Patients experiencing activity limitations such as taking care of oneself, walking and/or other functional limitations.
6. ***Participation Restrictions*****:** Patients experiencing restrictions related to home, work, community and school re-integration (ie: community/family life, obtaining driver's license, etc.).
7. ***Psychological Status:*** Patients require monitoring and/or ongoing intense services for issues related to adjustment or family dynamics.
8. ***Behavioral Status:*** Pediatric rehabilitation patients frequently have behavioral issues associated with their illness/injury which can be accommodated in our rehabilitation

program. Our program is not equipped to handle severe behavioral abnormalities that may prevent participation and/or threaten self/others in our program.

9. ***Cultural Diversity:*** Patients are not discriminated upon by cultural diversity. Interpreters are available for patient/families. We assess for any limitations related to the patient/family's culture and the effect of those limitations on the rehabilitation process and outcomes.
10. ***Characteristics of the Intended Discharge/Transition Environments:*** The intended discharge environment for most patients is home; however, others might be more appropriate for Sub-acute level rehabilitation, Nursing home or Group home. The discharge environment depends on the parents/caregivers ability to provide safe and effective care for the patient.

Admission Criteria

1. Age 6 months – 21 years.
2. Child has an acute problem and/or an acute exacerbation of a chronic problem resulting in a significant decrease in functional ability that will benefit from inpatient rehabilitation services. A condition is considered to be acute or an exacerbation of a chronic condition only during the 6 months from the onset date of the acute condition or the exacerbation of the chronic condition.
3. The intensity of necessary rehabilitative service cannot be provided in the outpatient setting.
4. Child has diagnosis/medical condition that is expected to benefit from a comprehensive interdisciplinary rehabilitation program including specialty care under the supervision of a pediatric physiatrist.
5. Must have goals that are established which are specific and pertain to improving functional independence and/or family training.
6. Must be medically stable (refer to detailed description of medical stability in this document).
7. Must be able to participate in intensive therapy (at least three hours daily within one week of admission) unless primary goal of admission is family training and/or equipment evaluations. At least two therapy disciplines are involved and therapies are provided at least five days per week.
8. Must be willing to participate (exceptions include decreased insight due to primary neurologic condition).
9. Must have an established discharge plan, including location and identified caregivers.
10. Family/caregivers must also be willing and available to participate in training.

11. Diagnostic studies should be performed, if possible, before transfer. Examples include CT, MRI, ultrasound, EEG, GI tests, duplex ultrasound, etc. Surgeries also should be performed prior to transfer.
12. Consults by other specialists that are pending should be completed prior to transfer.
13. Treatment of medical condition or co-morbidity does not interfere with patient's ability to participate (i.e. Dialysis, transfusion therapy, radiation, etc.).
14. Child has impairment in two or more of the following: a. Self- care activities, including dressing, bathing and feeding b. Mobility, including walking, wheelchair propulsion, and transfers c. Speech and Cognition Skills, including speech, language and swallowing disorders. d. Orthopedic Prosthetic Management, including use and care of prostheses, braces or adaptive aids.
15. Financial approval for admission to the Inpatient Rehab Unit (i.e., insurance, self-pay, charity).

Transition Criteria

Patients will be transitioned to the most appropriate environment when:

1. Patient has experienced a significant change in medical status inhibiting him/her from actively participating in three hours of therapy daily.
2. Patient has experienced a significant change in medical status requiring a higher level of care.

Discharge Criteria

1. Patient has achieved the maximum level of inpatient rehabilitation goals as determined by the interdisciplinary rehabilitation team.
2. Specified equipment is available and patient/family training completed.
3. The parent/family has successfully completed training for continuing care in their discharge environment.
4. Physical environment (home) presents no barriers.
5. A suitable plan for continuity of care has been established considering their financial constraints.
    a. Outpatient Therapy Services
    b. Extended Care Facility
        i. Patient requires extensive medical/nursing needs
        ii. Physical environment (home) presents with barriers
        iii. Patient/family unable to provide care in the home

Detailed Description of Medical Stability

1. Diagnosis is clear or workup deemed complete by discussion between referring and accepting physician
2. ***Neurologic status***
    a. Seizures must be controlled
    b. AIDP patients must have reached nadir of paralysis and must be showing stability and/or improvement in weakness prior to transfer
    c. Spinal cord injuries must be stable - surgical or orthotic management – and if surgery not immediately planned then spinal orthoses fit prior to transfer. All levels of spinal cord injury and whether complete or incomplete, traumatic or acquired are eligible for admission. Persons with spinal cord injury that require ventilators for respiratory function are currently not eligible for admission.
3. ***Cardiovascular status***
    a. Hemodynamic parameters stable for 48 hours
    b. No unstable arrhythmia or cardiac disease
    c. Treatment plan for autonomic storming outlined and implemented
4. ***Respiratory status***
    a. Oxygen requirements at 2 L or less
    b. Not requiring greater than every 4 hours nebulized medications
    c. Established tracheostomy with parents/caregivers having completed Education.
    d. CPAP used when sleeping
5. ***Hematologic status***
    a. Stable sickle cell treatment
    b. Hemoglobin stable for 48 hours after major surgery or acute blood loss
    c. Children requiring active transfusions/factor treatments for hematologic condition must have hematologist identified who will follow patient throughout rehabilitation course
    d. Platelets count stable for 48 hours or sufficient range to allow mobilization of patient
6. ***GI status***
    a. Adequate oral intake by calorie counts/I&O or G button
    b. If G button anticipated it is preferred that surgery take place prior to transfer to unit
    c. Nausea and vomiting controlled on oral/IV medications so as not to interfere with therapy participation
7. ***Metabolic***
    a. Stable electrolytes
    b. Children with fragile blood sugars or frequent need for lab draws/urinalysis to monitor will need to be followed by endocrinology service while on rehab unit

8. ***Infections***
    a. Source of fever identified and treatment plan outlined prior to transfer to unit with child afebrile for >24 hours prior to transfer and with declining white count trend if elevated during acute infection
    b. Children who develop acute infections while on rehabilitation unit will be considered for transfer back to medical or surgical bed if unable to consistently participate in therapy or testing significantly interferes with participation
    c. Contact isolation status clarified prior to transfer
9. ***Musculoskeletal status***
    a. Spinal stabilization device if planned should be fitted prior to admit.
    b. Weight bearing status must be considered. If NWB >2 limbs, intensive rehabilitation may not be possible but short stay admission may be considered for family training
10. ***Skin***
    a. Pressure ulcers do not interfere with ability to participate in therapies/prolonged sitting.
    b. Patients with burns will be considered on a case-by-case basis.

Aligns with CARF Standards

Reviewed/Revised:
12/2012, 12/2013, 12/2014, 7/2015, 10/2016, 1/2017, 6/2018, 7/2019, 10/2022, 4/2023, 7/2024, 11/2025