

Long Term Ventilator Care Referral Form

Surname:		Health Card#:	
First Name:		Date of Birth (MM-DD-YYYY)	

Sending Hospital Information

Sending Hospital (Hospitals that don't have access to RM&R)

Referral Information

1. Provincial ALC Definition

When a patient is occupying a bed in a hospital and **does not require the intensity of resources/services provided in this care setting** (Acute, Complex Continuing Care [CCC], Mental Health or Rehabilitation), the patient must be designated ALC1 at that time by the physician or her/his delegate. The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to a discharge destination² (or when the patient's needs or condition changes and the designation of ALC no longer applies).

2. Date of Admission to Hospital

3. Is the patient ALC?

Yes No
Jump to Question #4

4. ALC Date

5. Sex of Patient

Female Male

6. Patient Diagnosis

<input type="checkbox"/> Acute respiratory distress syndrome (ARDS) Jump to Question #7	<input type="checkbox"/> Thoracic cage deformities (e.g. Kyphoscoliosis) Jump to Question #7
<input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) Jump to Question #7	<input type="checkbox"/> High spinal cord injury / Trauma Jump to Question #7
<input type="checkbox"/> Degenerative neuromuscular diseases (NMDs) Jump to Question #7	<input type="checkbox"/> Other Jump to Question #7

7. Diagnosis Details

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8. Close Observation Details

- Patient unable to access call bell (i.e. vegetative state)
- Patient unable to consistently determine they need help (i.e. require suctioning)
- Patient does not require close observation

9. Test results for COVID-19

- Positive
Jump to Question #10
- Negative
Jump to Question #10
- Not Tested

10. Date Test Performed

11. Are There Isolation Precautions?

- Yes
Jump to Question #12
- No

12. Precaution Types

- None
 Contact
Jump to Question #13
- Droplet
Jump to Question #13
 Airborne
Jump to Question #13

13. Provide Details

- MRSA
 VRE
- C. difficile
 Other _____
Jump to Question #14

14. Details - Other

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15. Requirements		
<p>Medical Stability</p> <ul style="list-style-type: none"> ✓ Patient medically stable for past 30 days ✓ No constant monitoring requirements ✓ No inotropes in the past 30 days ✓ No significant medication changes in the past 30 days ✓ No major cardiac or respiratory events in the past 30 days ✓ Supplemental oxygen less than 40% on or off the ventilator ✓ No hemodialysis unless patient is able to attend outpatient clinic on their own ✓ No NG tube (patient either takes food orally or switched to G/J/PEG tube) for WP & MG – TG may accept NG Tubes on a case by case basis ✓ Appropriate ventilator settings ✓ All patients should be fully ventilated at night utilizing set respiratory rate rather than pressure support 	<p>Tracheal Suctioning</p> <ul style="list-style-type: none"> ✓ Suctioning cannot be more frequent than every 2-3 hours ✓ Suggest lung hygiene routine (i.e. cough assist, breath staking) for patients on trach mask for patients who have an ineffective/weak cough 	
Does the patient meet the above requirements?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>**Attention**</p> <p>Patient is not eligible.</p> <p>For more information, please contact Raj Kohli at (416) 243-3600 x 2309</p>
Additional Information/Comments		
Referral Completed By		
<p>Name:</p> <p>Contact #:</p> <p>Role:</p>		

Fax completed referral to 416-243-3739