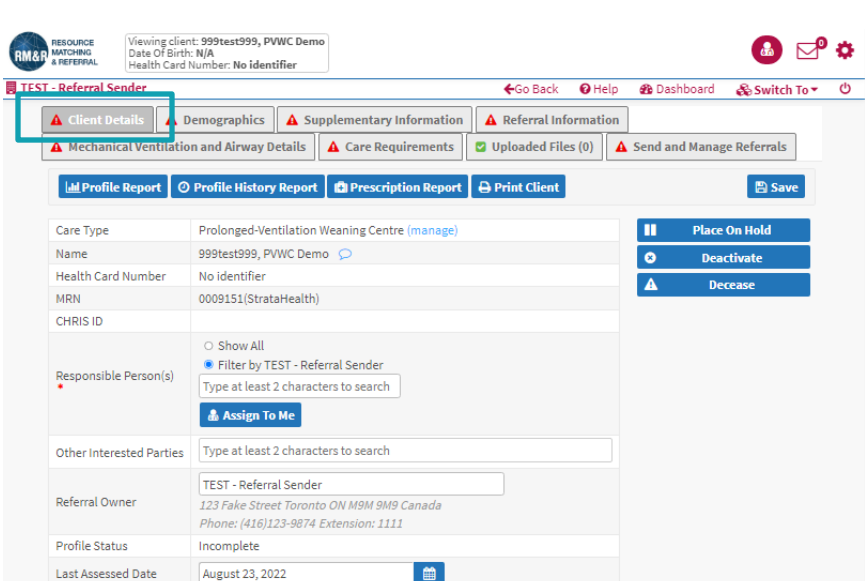
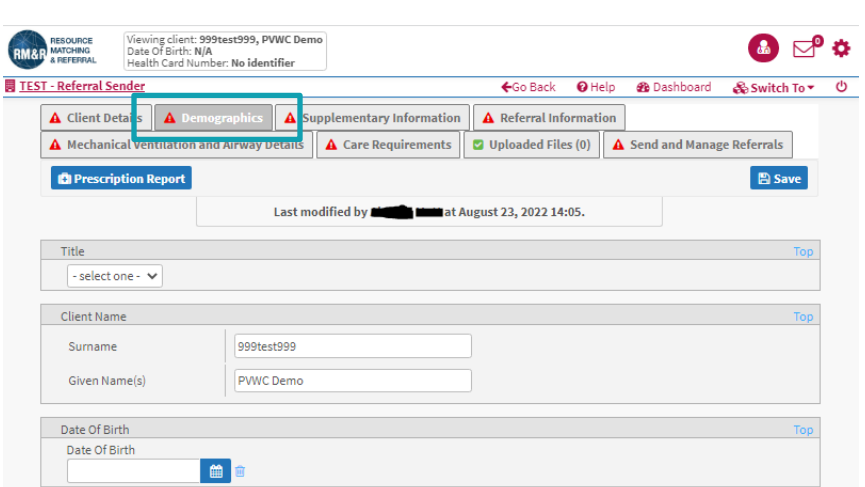
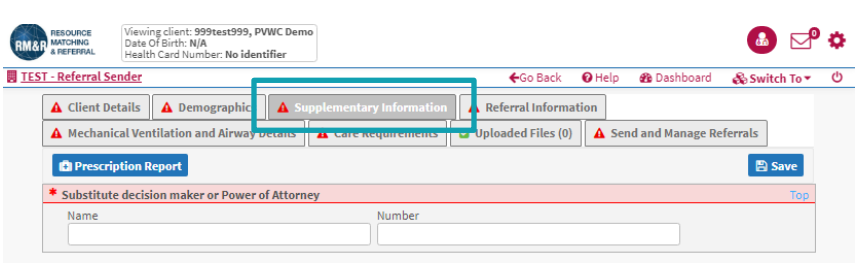


# What is Prolonged-Ventilation Weaning Centre referral form?



**Prolonged-Ventilation Weaning Centre** care type is a specialized program for adult Intensive Care Unit (ICU) patients who have stabilized from their acute ICU illness, but remain on a mechanical ventilator for more than 14 days and wish to try to breathe on their own. Please view [‘How do I send a referral?’](#) for more details on completing a referral.

<h3>Client Details</h3> <p>Includes a summary of key information about the referral form, such as Patient name, MRN and responsible person(s) for the referral. This is a standard tab across all referral care types.</p>	
<h3>Demographics</h3> <p>Includes relevant information identifying the patient and the current location of the patient. This is a standard tab across all referral care types.</p>	
<h3>Supplementary Information</h3> <p>Includes supplementary information such as substitute decision maker, contact person and required file attachments.</p>	

## Referral Information

Includes information such as sex, date of admission to hospital, diagnosis, medical history.

Viewing client: 999test999, PVWC Demo  
Date Of Birth: N/A  
Health Card Number: No identifier

TEST - Referral Sender

Client Details Demographics Supplementary Information **Referral Information**

Mechanical Ventilation and Airway Details Care Requirements Uploaded Files (0) Send and Manage Referrals

Prescription Report Save

\* Sex Top

Man  Woman  Nonbinary

Not Listed

\* Admission Date to Hospital Top

Date

## Mechanical Ventilation and Airway Details

Includes information such as current complications, ventilation settings, weaning history, airway status.

Viewing client: 999test999, PVWC Demo  
Date Of Birth: N/A  
Health Card Number: No identifier

TEST - Referral Sender

Client Details Demographics Supplementary Information Referral Information

**Mechanical Ventilation and Airway Details** Care Requirements Uploaded Files (0) Send and Manage Referrals

Prescription Report Save

\* Date of onset of mechanical vent Top

Date

\* Has the patient required mechanical vent prior to this admission? Top

No  Yes

## Care Requirements

Includes information such as communication, skin integrity, mobility.

Viewing client: 999test999, PVWC Demo  
Date Of Birth: N/A  
Health Card Number: No identifier

TEST - Referral Sender

Client Details Demographics Supplementary Information Referral Information

Mechanical Ventilation and Airway Details **Care Requirements** Uploaded Files (0) Send and Manage Referrals

Prescription Report Save

\* Isolation Status Top

MRSA  COVID  CDIFF  ESBL  VRE  OTHER

\* Communication - is patient able to communicate? Top

No  Yes

## Uploaded File(s)

Any additional supporting documentation for the referral can be attached here.

Viewing client: 999test999, PVWC Demo  
Date Of Birth: N/A  
Health Card Number: No identifier

TEST - Referral Sender

Client Details Demographics Supplementary Information Referral Information

Mechanical Ventilation and Airway Details Care Requirements **Uploaded Files (0)** Send and Manage Referrals

By using the file upload functionality, the user is responsible for ensuring that they comply with RM&R policies and procedures

Name	Category	Uploaded	Description	Uploaded By	Actions
There are no uploaded files for this client's profile.					

Upload Files

## Send and Manage Referrals

Includes current referrals associated with the patient and functionalities to send the referral.

In this page, users can select the service provider and then send the referral by clicking on the 'Send Referral' button.

Viewing client: 999test999, PVWC Demo  
Date Of Birth: N/A  
Health Card Number: No identifier

TEST - Referral Sender

All tabs are complete.

Client Details Demographics Supplementary Information Referral Information

Mechanical Ventilation and Airway Details Care Requirements Uploaded Files (0) **Send and Manage Referrals**

Referrals Referral History Report

Service Provider	Status	Referral Date	Referral Information	Referral Management
No Active Referrals Found				

Referrals To Be Sent

Service Provider	Accent Wait	Admit Wait	Match Status
Michael Garron Hospital - Prolonged-Ventilation Weaning Centre	0 days	0 days	<input checked="" type="checkbox"/> Details

Send Referral