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)

<Select One>

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
Jump to Question #4

◯ No

4. ALC Date

5. Sex of Patient

◯ Female

◯ Male

6. Patient Diagnosis

☐ Acute respiratory distress syndrome (ARDS)
Jump to Question #7

☐ Chronic obstructive pulmonary disease (COPD)
Jump to Question #7

☐ Degenerative neuromuscular diseases (NMDs)
Jump to Question #7

☐ Thoracic cage deformities (e.g. Kyphoscoliosis)
Jump to Question #7

☐ High spinal cord injury / Trauma
Jump to Question #7

☐ 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
- ☐ Droplet
  Jump to Question #13
- ☐ Contact
  Jump to Question #13
- ☐ Airborne
  Jump to Question #13

13. Provide Details

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

14. Details - Other

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15. Requirements

Medical Stability

- ✓ 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

Tracheal Suctioning

- ✓ 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

16. Does the patient meet the above requirements?

◯ Yes ◯ No

Jump to Question #17

17. **Attention**

Patient is not eligible.

For more information, please contact **Raj Kohli at (416) 243-3600 x 2309**

Additional Information/Comments

Referral Completed By

Name:

Contact #:

Role:

Fax completed referral to 416-243-3739