

How to refer a patient to Long-Term Ventilator Care

To ensure patient safety and a smooth transition from the Intensive Care Unit (ICU) to the long-term ventilator beds the following criteria have been developed to describe the type of patient whose needs will best be met in Complex Care at Parkwood Institute.

Patients are expected to meet the following criteria:

1. Medical Stability

Nonrespiratory organs dysfunction stabilized, with:

- Sepsis treated and controlled,
- Hemodynamically stable; with no uncontrolled arrhythmias or heart failure,
- Renal function and acid-base balance stable,
- Absence of central and peripheral IV's (capped PICC's acceptable),
- Infrequent blood sampling (no greater than weekly).

Alert and able/willing to co-operate with care plan; able to access the call bell system and direct own care.

Treatment plan for all medical conditions is in place, that:

- Is free of continuous cardio-respiratory monitoring;
- Does not require frequent changes,
- Can be implemented at the complex medical care site,
- Provides adequate nutrition using the enteral route (NG switched to G or GJ feeding tubes)

2. Respiratory Stability

- Ventilation should be well established using an acceptable ventilator with no need for sophisticated ventilator modes.
- Safe and secure airway; either tracheostomy with a sufficient mature stoma to allow easy tube changes, or stabilized on regimen of NIV with minimal risk for aspiration.
- Able to clear secretions, either spontaneously or with assistance; established chest maintenance routine using cough assist maneuvers, as necessary.
- No episodes of severe dyspnea. Any dyspnea, if present, should be easily relievable.
- Adequate oxygenation (SaO₂ 90%) on stable FIO₂ (40%) and low PEEP (<=5 cm H₂O).
- Oxygenation stable including during suctioning, repositioning.
- Stable ventilator setting (> 2 weeks).
 - Ideally capable of some ventilator-free breathing, the more the better; however will accept patients with no spontaneous breathing capability.
 - Comfortable with time off ventilator, using tracheostomy cap or speaking valve if applicable; should not require Respiratory Therapy support to realize these goals.
 - Suctioned less than 4 times per 12 hour shift.
 - Respiratory infection free for minimum of 1 week.

3. Comprehensive plan of care, including:

- Advanced directives that have been discussed with and acceptable to the patient.
- Crisis planning, with a:
 - List of health care personnel to contact for direction on medical care
 - LHSC Critical Care repatriation agreement to meet any acute care needs.

- Regular LTV health care team follow-up

For applications received from facilities outside of the city of London Ontario, the home unit (e.g., facility outside of London) is required to work closely with Parkwood Institute to ensure all the above criteria are met. The application to Parkwood Institute, by the home unit, will include the Parkwood Institute admission application, a medical summary of the potential admission by the home unit (e.g., summary of stay and issues), and a written repatriation agreement between the home unit and the Critical Care Program at LHSC indicating a commitment by the home unit to accept the patient back immediately if assessed as unsuitable for the Parkwood Institute environment.

Long-term Mechanical Ventilation

There are six beds within the Complex Care Program used for residential care of “medically stable” ventilator dependent individuals. The purpose of transferring these individuals to the Complex Care Program is to provide a more appropriate setting to care for and manage their health, welfare and social needs. This transfer will also help increase the capacity of critical care areas across the region. This facility is not mandated, staffed or resourced to facilitate protocols for attempting weaning from mechanical ventilation.

Admission Criteria for Long-Term Mechanical Ventilation (LTMV):

- Medical Stability - non-respiratory organs dysfunction has been stabilized
- Patient is alert and able/willing to co-operate with care plan; able to access the call bell system and direct own care
- Treatment plan for all medical conditions is in place
- Respiratory stability has been established
- Comprehensive plan of care has been developed

Important information on LTMV admission criteria

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- **Patients admitted to Long-Term Mechanical Ventilation are required to pay a co-payment fee. The provincial government sets a co-payment fee for patients in Long-Term Mechanical Ventilation.**