Parkwood Institute
Main Building
Long Term Ventilator Care Referral

Addressograph

Patient Name/MR#: **Referral Contact Phone #:**

Parkwood Institute is a smoke-free facility. This means there will be no smoking indoors or outdoors on the Parkwood Institute property, including in parking lots. Patients will not be able to leave the building to smoke and will receive the necessary support to abstain from smoking during their admission.

Before submitting referral, please ensure:

☐ **Smoke free policy has been reviewed with patient**

☐ **Most recent/updated progress notes available in Cerner (if no, please send)**

☐ **History & Physical notes updated in Cerner. Recent bloodwork and blood gases. (if no, please send)**

HEALTH CARE DECISION MAKING:

Power or Attorney for Personal Care (if not in place identify SDM for Personal Care)

Name:		Home Phone		Bus/cell #	

Has the client and/or SDM been made aware of this referral ☐ Yes ☐ No

ELIGIBILITY CRITERIA – Must be completed (Please refer to admission criteria):

Valid OHIP Card	☐ Yes ☐ No	
Medical Stability	☐ Yes ☐ No	
Respiratory Stability	☐ Yes ☐ No	
Stable Ventilator Settings	☐ Yes ☐ No	
Care needs cannot otherwise be met in the community	☐ Yes ☐ No	
Behavioural Plan Documented	☐ Yes ☐ No	
Patient/SDM aware of co-payment	☐ Yes ☐ No	

CURRENT ADMISSION PROFILE:

Date of Admission:

Admitting Diagnosis:

Course of current illness during hospitalization:

What attempts have been made to wean client from ventilator (may be attached):

Why is the client unable to wean from the ventilator:

Respirologist following client:

INVASIVE MECHANICAL VENTILATION:

When was ventilation initiated:

Daily Routine (how long is client ventilated per day):

Lung volume recruitment/airway secretion management techniques:
☐Breath Stacking ☐Assisted Cough ☐ MIE Frequency:

Current Ventilator Model:

Mode:	Fi02:	Settings:

TRACHEOSTOMY/SUCTIONING:

Trach type:
Size:
Insertion date:
Difficulty with trach changes:
Suctioning frequency:

COGNITION:

Alert: ☐ Yes ☐ No	Able to use call bell: ☐ Yes ☐ No
Oriented: ☐ Time ☐ Person ☐ Place	Insight/Judgement: ☐ Intact ☐ Impaired
Ability to follow instructions: ☐ Intact ☐ Impaired	Use of restraints: ☐ Yes ☐ No

BEHAVIOURS: please check if any of the following are present

☐Delirium ☐ Resistant Behaviours ☐ Verbal Aggression ☐ Physical Aggression ☐ Physical Restraints

Details:

COMMUNICATION:

Communication barriers/needs/devices:

Language spoken:

NUTRITION (if not in cerner):

Feeding Tube: ☐ NG ☐ GJ ☐ G ☐ PEF	Type of feed/rate:
if NG, plans for permanent feeding: ☐ Yes ☐ No	Diet:
(Please note, TPN is not supported)	Swallowing:

CARE NEEDS (only required if not a Cerner hospital):

Specialty equipment (bed/wheelchair/other devices):

Ostomy: ☐ Yes ☐ New Product types and #'s:

Wound(s): Yes ☐

Type and Location:

Treatment (if complex attach plan):

Drains/Tubes: Yes ☐

Type and Protocol:

IV: Yes ☐ Peripheral ☐ Central Line Type: Location:

Dialysis: Yes ☐

Oncology Treatment: ☐ Yes

Other:



Please email or fax to Parkwood Access, along with documents not available in Cerner.

E-mail: Parkwoodaccess@sjhc.london.on.ca ■ Fax: 519-685-4804 ■ Phone: 519-685-4809