

**NOVA SCOTIA REHABILITATION CENTRE
ADMISSION GUIDELINES AND CONSULT REVIEW**

This document is designed to assist the Physical Medicine & Rehabilitation Consult Service in selecting appropriate patients for admission to the Nova Scotia Rehabilitation Centre. It is not meant to replace clinical judgment or to be all inclusive.

ADMISSION GUIDELINES CHECK LIST
<input type="checkbox"/> 16 years of age or older
<input type="checkbox"/> Patient & family agree to inpatient transfer to admission
<input type="checkbox"/> Medically stable, defined as: <ul style="list-style-type: none"> <input type="checkbox"/> The medical diagnosis and course of treatment for primary and secondary diagnoses are established <input type="checkbox"/> Patient's vital signs and laboratory test results are in the acceptable range for the medical condition of the patient <input type="checkbox"/> Patient's course of treatment is not anticipated to require laboratory diagnostic studies more than once a day or frequent transfers to other facilities for procedures.
<input type="checkbox"/> Patient demonstrates motivation and is able to consistently and actively participate in therapy, including minimum requirements of: <ul style="list-style-type: none"> <input type="checkbox"/> Sitting tolerance of at least 1 hour, two - three times per day <input type="checkbox"/> Capacity to actively participate in 2 hours of therapeutic intervention per day
<input type="checkbox"/> Patient has functional challenges that require interdisciplinary tertiary rehab management
<input type="checkbox"/> Patient has the potential to make timely reasonable functional gains
<input type="checkbox"/> Patient demonstrates consistent ability to learn – shows consistency in following instructions, cognitively demonstrates carryover of information and learning session to session. <ul style="list-style-type: none"> <input type="checkbox"/> Requires cognitive screening (if appropriate) with standardized tool such as O-Log, Cog-log and MoCA)
<input type="checkbox"/> Specific rehab-related procedure requirements - baclofen test dose, PEG tube placement, bowel clean out
<input type="checkbox"/> ** Discharge planning initiated by acute/RCU hospital team, and barriers to discharge being addressed
<input type="checkbox"/> Patient who requires a wheelchair for mobility has wheelchair provided (or ordered) and patient will arrive with wheelchair
<input type="checkbox"/> Patient with a diagnosis of cancer or other complex case: <ul style="list-style-type: none"> <input type="checkbox"/> Requires a collaborative treatment plan in place with all involved prior to consideration for transfer (eg. radiation oncology, heme oncology, palliative), <u>including agreement to take patient back in transfer if medical condition deteriorates as determined by psychiatrist</u> <input type="checkbox"/> Chemo / radiation treatment plan identified and will not interfere with patient's ability to participate <input type="checkbox"/> Requires an estimate of prognosis – to generate appropriate rehab goals

ABI SPECIFIC GUIDELINES

- For patients with aphasia: (see also specific exclusion criterion for those with aphasia)
 - Requires a full assessment by SLP and documented potential to progress
 - Can tolerate a minimum of a 30 minute session
- Has sufficient potential family/caregiver support in identified discharge location to follow through with any required behavioral plan or environmental modifications.

MSK SPECIFIC GUIDELINES

- Restrictions/Precautions clarified eg. Weight bearing status including how long restriction is in place
- Patient has capacity to progress mobility within current weight bearing restrictions
- Any limiting factors identified eg. Pain has been limiting participation / up time
- ROM orders clarified – passive versus active versus resisted
- Specific post-surgical protocols explained and copy of post op guideline sent if applicable
- Recheck appointment (with surgeon) - date and time identified **prior to admission to rehab**
- For prosthetic candidates - Amp No Pro score of at least 8 and Cognitive Screen (MoCA) completed to evaluate executive function
- For prosthetic candidates - patient has gone home for overnight passes at the wheelchair level, home is accessible
- Body Weight known - for prosthesis or specialized equipment

EXCLUSIONARY CRITERIA

- Direct admission from Emergency, ICU or IMCU (eg. patient has not had trial of acute hospital rehab participation)
- Patient's primary diagnosis is psychiatric, palliative, or will likely require long-term care placement with no reasonable rehabilitation goals identified
- Patient requires interventions or treatment that limits consistent active participation in therapy (e.g. cardiac monitoring, ventilation assistance, suctioning, ongoing need for O2, complex IV therapy, complex wound management)
- Patient is able to meet their rehabilitation goals through working with acute/RCU care team, outpatients or community based programs:
 - If seating is only goal: patient has access to transportation and lives within reasonable distance of NSRC**
 - Transferring service is capable of procuring services requested at NSRC (eg. Home visit, equipment, ramp, home support arrangement)**

Behavior:

- Patient has demonstrated extreme verbal or physically aggressive behaviors
- Has behaviors that are not able to be managed with a behavioral plan that cannot be accommodated by the NSRC
- Requires use of restraints
- Patient is at high risk for elopement
- Primary diagnosis is psychiatric - including functional movement/conversion disorders

For patients with aphasia:

- Does not establish joint reference
- Does not appear to have a desire to communicate (e.g., Will not engage in eye contact, does not exchange a greeting of "hello" or "goodbye" in any manner - verbal or non-verbal)
- Patient requires more than 2 person maximum assist for transfers or bed mobility (including turns)
- Patient requires 1 on 1 nursing
- Patient requires TPN or PPN
- Patient requires ongoing investigations and/or medical management