

## Long Stay Critical Care Program (LSP) - Initial Eligibility Screen

Please ensure that the patient meets the below inclusion criteria & does not have any of the exclusion criteria before proceeding with this referral.

### Key inclusion criteria

- Adult patient  $\geq 18$  years of age who is currently admitted to an ICU in the LSP catchment area (please see attached list of eligible hospitals).
- ICU length of stay  $\geq 10$  days with reasonable clinical evidence of a much longer need for critical care.
- Unable to wean from invasive mechanical ventilation or daytime non-invasive ventilation.

### Exclusion Criteria

- Patient is dependent on long-term (home) invasive ventilation prior to current admission.
- Patient has a known terminal illness (e.g., end-stage cancer, dementia, etc.).
- Patient's pre-admission Clinical Frailty Score = 8.
- Patient is on peritoneal dialysis.
- Patient is requiring a cardiac mechanical device (e.g., left ventricular assist device [LVAD]).
- Patient has advanced chronic kidney disease (CKD) or is approaching the need for long-term dialysis and is known to a CKD program other than Mackenzie Health [will be considered on case-by-case basis].
- Patient requires ongoing care by a surgical service at the referring hospital (e.g., active neurosurgical care required).

### Referring Centre Information

<b>Referring hospital</b>		<b>Referring physician name</b>	
<b>Primary contact person</b>		<b>Primary contact information</b>	
Patient Information			
<b>Last name</b>		<b>First name</b>	<b>Date of Birth</b>
<b>Health Card Number with version code</b>		<b>Gender</b>	<b>ICU admission date</b>

Criteria	True	False	Additional Information
Group 1. Patients requiring <u>invasive</u> mechanical ventilation (IMV)			
Patient requires <b>invasive</b> ventilation at least part of the day.			<b>Total no. of IMV days</b>
Trach mask trials have been started.			
For patients with a tracheostomy tube, patient is <b>not</b> tolerating continuous trach mask trials (TMTs) > 24h.			<b>No. of consecutive TMT hours tolerated</b>
For those <i>without</i> a tracheostomy tube, patient is <b>not</b> tolerating spontaneous breathing trials (SBTs).			
Group 2. Patients requiring <u>non-invasive</u> ventilation (NIV)			
Patient was previously invasively ventilated and now extubated and requiring non-invasive ventilation at least part of the day.			<b>Total no. of IMV + NIV days</b>

	True	False	Additional Information	
<b>Other criteria</b>				
Patient's <b>pre-hospital</b> Clinical Frailty Score [please see below]				
The patient is alert and able to engage in their own care.				
There are <b>no</b> medical conditions that would preclude the patient from engaging in their own care (e.g., severe brain injury)?				
In the opinion of the treating physician, the patient has the potential for liberation from mechanical ventilation with more time to optimize their rehabilitation/ recovery.				
<b>Organ Supports</b>				
Prior to hospitalization, the patient had advanced chronic kidney disease (CKD) & was receiving or approaching the need for long-term dialysis.			<b>Which CKD program is the patient followed by?</b>	
Patient is <b>currently</b> requiring renal replacement therapy (RRT).			<b>If requiring RRT, indicate type</b>	
Current vasopressor requirement <b>higher than</b> 0.5 mcg/kg/min <i>norepinephrine equivalent</i> .				
<b>Social Supports &amp; Goals of Care</b>				
Patient has an established substitute decision maker (SDM).				
Clearly established & documented appropriate goals of care that are consistent with transfer to the LSP unit.				
There is agreement in goals of care/ prognosis for liberation from respiratory support between the patient (if possible), the SDM, and the treating physician.				
Patient/ SDM have a clear understanding of the purposes and limitations of the LSP & agree to LSP consultation.				
<b>Has this patient been referred to an ICU recovery or mechanical ventilation weaning program (e.g., PWC, Toronto Grace, West Park LTV, etc.)? If so, please indicate where &amp; the status of the application(s).</b>				


**Synopsis of patient's course in hospital/ ICU** [i.e., relevant pre-hospital medical/ functional issues, reason for initial ICU admission, major complications, challenges with rehabilitation & weaning from ventilator, etc.).

**Thank you for completing this form. We will be in touch with the primary application contact person regarding next steps.**

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# CLINICAL FRAILITY SCALE

	<b>1</b>	<b>VERY FIT</b>	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	<b>2</b>	<b>FIT</b>	People who have <b>no active disease symptoms</b> but are less fit than category 1. Often, they exercise or are very <b>active occasionally</b> , e.g., seasonally.
	<b>3</b>	<b>MANAGING WELL</b>	People whose <b>medical problems are well controlled</b> , even if occasionally symptomatic, but often are <b>not regularly active</b> beyond routine walking.
	<b>4</b>	<b>LIVING WITH VERY MILD FRAILITY</b>	Previously "vulnerable," this category marks early transition from complete independence. While <b>not dependent</b> on others for daily help, often <b>symptoms limit activities</b> . A common complaint is being "slowed up" and/or being tired during the day.
	<b>5</b>	<b>LIVING WITH MILD FRAILITY</b>	People who often have <b>more evident slowing</b> , and need help with <b>high order instrumental activities of daily living</b> (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.

	<b>6</b>	<b>LIVING WITH MODERATE FRAILITY</b>	People who need help with <b>all outside activities</b> and with <b>keeping house</b> . Inside, they often have problems with stairs and need <b>help with bathing</b> and might need minimal assistance (cuing, standby) with dressing.
	<b>7</b>	<b>LIVING WITH SEVERE FRAILITY</b>	<b>Completely dependent for personal care</b> , from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
	<b>8</b>	<b>LIVING WITH VERY SEVERE FRAILITY</b>	Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
	<b>9</b>	<b>TERMINALLY ILL</b>	Approaching the end of life. This category applies to people with a <b>life expectancy &lt;6 months</b> , who are <b>not otherwise living with severe frailty</b> . (Many terminally ill people can still exercise until very close to death.)

## SCORING FRAILITY IN PEOPLE WITH DEMENTIA

The degree of frailty generally corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

In **very severe dementia** they are often bedfast. Many are virtually mute.



**DALHOUSIE UNIVERSITY**

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Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.