

Version date: February 27, 2022



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.

attached list of elig	years of age who is curregible hospitals). ≥ 10 days with reasonable om invasive mechanical ve	e clinical evid	ence of a	much lon	ger need for critic		see
 □ Patient has a known □ Patient's pre-admiss □ Patient is on periton □ Patient is requiring □ Patient has advance to a CKD program of 	t on long-term (home) invalues terminal illness (e.g., end- sion Clinical Frailty Score steal dialysis. a cardiac mechanical deviced chronic kidney disease (other than Mackenzie Healtsoing care by a surgical service)	stage cancer, = 8. e (e.g., left ve CKD) or is app th [will be cor	ntricular a proaching asidered or	etc.). assist devi	ce [LVAD]). for long-term dialys case basis].		
	Refe	erring Centre	Informat	tion			
Referring hospital	ring hospital Referring physician name						
Primary contact person	contact person Primary contact information		ormation				
		Patient Info	rmation				
Last name		First name			Date of Birth		
Health Card Number with version code		Gender		ICU	admission date		
Criteria			True	False	Additional Infor	mation	
	Group 1. Patients requ	iring <u>invasiv</u>	<u>e</u> mechan	ical venti	lation (IMV)		
Patient requires invasive ventilation at least part of the day.					Total no. of IMV days		
Trach mask trials have be	en started.						
For patients with a tracheostomy tube, patient is not tolerating continuous trach mask trials (TMTs) > 24h.					No. of consecutive hours tolerated	e TMT	
For those <i>without</i> a tracheostomy tube, patient is not tolerating spontaneous breathing trials (SBTs).							
	Group 2. Patients	requiring <u>nor</u>	ı-invasive	ventilati	on (NIV)		
Patient was previously invasively ventilated and now extubated and requiring non-invasive ventilation at least part of the day.					Total no. of IMV days	+ NIV	

	True	False	Additional Information
Other crit	teria		
Patient's pre-hospital Clinical Frailty Score [please see below]			
The patient is alert and able to engage in their own care.			
There are no 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.			
Organ Sup	ports		
Prior to hospitalization, the patient had advanced chronic kidney disease (CKD) & was receiving or approaching the need for long-term dialysis.			Which CKD program is the patient followed by?
Patient is currently requiring renal replacement therapy (RRT).			If requiring RRT, indicate type
Current vasopressor requirement higher than 0.5 mcg/kg/min norepinephrine equivalent.			V1 1
Social Supports &	Goals of	Care	
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.			
Has this patient been referred to an ICU recovery or mechanic ventilation weaning program (e.g., PWC, Toronto Grace, West LTV, etc.)? If so, please indicate where & the status of the application(s).			
Synopsis of patient's course in hospital/ ICU [i.e., relevant pre ICU admission, major complications, challenges with rehabilitations.			

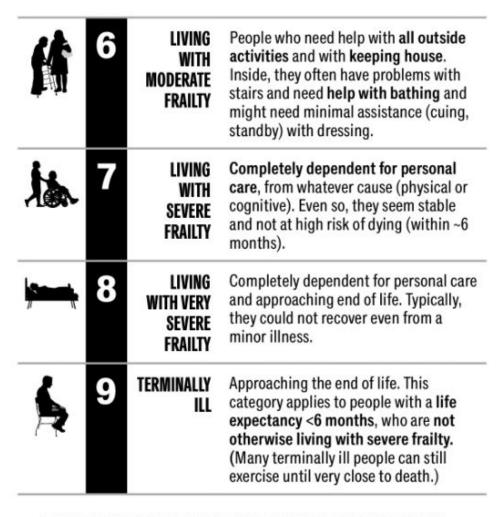
Thank you for completing this form. We will be in touch with the primary application contact person regarding next steps.

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CLINICAL FRAILTY SCALE

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



SCORING FRAILTY 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.



Clinical Frailty Scale ©2005–2020 Rockwood, Version 2.0 (EN). All rights reserved. For permission: www.geriatricmedicineresearch.ca Rockwood K et al. A global clinical measure of fitness

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