



BC Association for Individualized Technology and  
Supports for People with Disabilities (BCITS)

---

## **Provincial Respiratory Outreach Program (PROP)**

---

# ***Discharge Planning Guide***

---

- For ventilator-dependent and ventilator-assisted people moving from acute care to the community
- For acute care centres

## ***GUIDE CONTENTS***

---

PROP Acute Care/Rehab Discharge Planning Requirements	1
PROP Medical Criteria	2
PROP Prescription for Services	3
PROP Home Ventilation Education Profile	4
PROP Tracheostomy and Ventilator Management Training Outline	5
PROP Home Ventilation Discharge Checklist	6

# ***PROP Acute Care/ Rehab Discharge Planning Requirements***

The following conditions must be met in order for a home ventilated/bi-level client to be considered eligible for PROP services. PROP respiratory services, equipment and supplies cannot be made available unless these conditions are met. Additionally, a PROP team member must be involved in the discharge process.

## ***PRELIMINARY APPLICATION PROCESS***

1. Notify PROP immediately upon identification of a potential client, and forward application to PROP for review – PROP Application and Prescription for service.
2. Notify PROP of all discharge planning meetings that potentially require PROP input.

## ***DISCHARGE PROFILE PROCESS***

1. Establish discharge date.
2. Review with discharge team and client additional support requirements e.g. PROP Peer support, Technology for Independent Living, etc.
3. Assess educational requirements for the client, care workers, family, friends and the potential number of people to be trained and their specific skill level.
4. It is strongly recommended that the client be involved in the discharge planning from the beginning. Use of the client manual “Turning Point” can be helpful in understanding the transition from facility to home.
5. Identify any respiratory equipment, special mounting, wiring system and supply needs.
6. Complete “Home Ventilation Discharge Checklist” (See page 6)

# **PROP Medical Criteria**

Home ventilation should be considered for patients that meet the following medical criteria:

- Neuromuscular disorders or chest wall restriction who have documented hypercapnia (PCO<sub>2</sub> at rest on room air >45 mm Hg )
- The patient should be stable and be on optimal management for any reversible component of any associated pulmonary disease
- Patients with a normal PCO<sub>2</sub> (in the range of 40-45 mm Hg) may be considered if any of the following criteria are present:

- 1. Cor Pulmonale**

- 2. Nocturnal hypoventilation (as documented by elevations in nocturnal CO<sub>2</sub> levels (TCCO<sub>2</sub>) and associated morning symptoms**

- 3. Severe supine dyspnea (e.g. Diaphragmatic paralysis)**

- 4. Symptoms of alveolar hypoventilation**

- Patients with central alveolar hypoventilation also qualify in the presence of normal neuromuscular function but abnormal ventilatory control.
- Home ventilation is not indicated in patients with chronic hypercapnea secondary to either chronic obstructive lung disease or interstitial lung disease.

**PLEASE FAX TO: 604-326-0176**

**QUESTIONS: 1-866-326-1245**

**CLIENT INFORMATION:**

FIRST NAME:		LAST NAME:	
DATE OF BIRTH:		PHONE NUMBER:	
ADDRESS:		FACILITY: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		POSTAL CODE:	
FUNDING AGENCY (IF APPLICABLE)		BC RESIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

**CLINICAL ASSESSMENT:**

CLINICAL ASSESSMENT ATTACHED (INCLUDE REASONING FOR HOME VENTILATION):

DIAGNOSIS:			
SECONDARY DIAGNOSIS:			
MEDICAL HISTORY:			
VITAL CAPACITY (L. and % pred) :		Date:	ABG'S
			Date:

**EQUIPMENT REQUIREMENTS**

**BILEVEL:** \* Please note IPAP and EPAP parameters must be filled in.

SPONTANEOUS: YES <input type="checkbox"/> NO <input type="checkbox"/>		SPONTANEOUS/TIMED: YES <input type="checkbox"/> NO <input type="checkbox"/>	
IPAP: Min: _____ Max: _____ cm/H <sub>2</sub> O	EPAP: Min: _____ Max: _____ cm/H <sub>2</sub> O	RESPIRATORY RATE:	
INTERFACE: MAKE & SIZE:			
SUPP. O <sub>2</sub> :	HAVE ARRANGEMENTS BEEN MADE WITH OXYGEN SUPPLIER? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**VOLUME VENTILATOR:**

MODE:	VOLUME:	I:E / % /Ti	
RESPIRATORY RATE:	PRESSURE:	VENT ALARM:	WAVE FORM:
LOW PRESSURE:	HIGH PRESSURE:	SENSITIVITY B/E:	PRESSURE CONTROL:
TRACHEOSTOMY TUBE: MAKE & SIZE:			
CUFFED: <input type="checkbox"/> CUFFLESS: <input type="checkbox"/> FENESTRATED: YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER:			
SUPP. O <sub>2</sub> :	HAVE ARRANGEMENTS BEEN MADE WITH OXYGEN SUPPLIER? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**I authorize the addition of the following treatment modalities as required:**

**ORAL SUCTION DEVICE**  **MANUAL COUGH ASSIST**  **AEROSOL COMPRESSOR**

**\* AUTHORIZATION/MANDATORY INFORMATION**

NAME OF RESPIROLOGIST:		CLIENT ABLE TO DIRECT CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHONE NUMBER:		FAX NUMBER:	
RESPIROLOGIST'S SIGNATURE:		DATE:	

# ***PROP Home Ventilation Educational Profile***

The purpose of this component is to identify and assess the skills and educational requirements for PROP clients and their care workers. Arrangements must be made through PROP for a **comprehensive** tracheostomy and ventilator management course so that both clients and caregivers have the skills necessary for safe client care in the community/home environment.

Requirements for discharge include identifying who the primary caregiver will be. The primary caregiver must complete the PROP ventilator management course and be available to train any other of the client's caregivers as needed.

Enrollment for the comprehensive course is made by registering with PROP by calling 1-866-326-1245. Alternative comprehensive training arrangements can be made depending on the PROP client's particular needs.

Periodically, arrangements can be made through PROP for a group beginner's training session for family, friends and emergency services.

## ***TERMS OF REFERENCE – EDUCATION PROGRAMS***

- 1. Beginners**  
Provide instruction for companions, emergency responders etc. Group sessions only 3-4 hours.
  
- 2. Basic**  
Provide minimal hands-on care instructions for caregivers and PROP clients.  
Course meant for interim instruction only prior to completing the comprehensive course.
  
- 3. Comprehensive**  
Provides instruction (theory and practical) in a structured setting.  
See PROP course outline on page 5.

# ***PROP Tracheostomy and Ventilator Management Training Outline***

1. Respiratory System
2. Independent Breathing Time
3. Manual Resuscitation Bag
4. Emergency Preparedness Planning
5. Tracheostomy Tubes
6. Tracheostomy Care
7. Suction Equipment
8. Tracheostomy Suctioning
9. Ventilators
10. Ventilator Circuit
11. Circuit Changes and Cleaning
12. Humidification
13. Emptying Water from Client's Circuit
14. Client Ventilator Circuit
15. Low Pressure Alarm/Disconnect Alarm
16. Emergency Precautions and Procedures
17. The Saline Solution Recipe

# ***PROP Home Ventilation Discharge Checklist***

Client name: \_\_\_\_\_

PROP case contact: \_\_\_\_\_

Discharge team case contact: \_\_\_\_\_

-----

- Notify PROP of potential client
- Application forwarded to PROP for review
- Notify PROP of initial and ongoing discharge planning meeting (s)
- Designate client contacts
- Advise PROP of discharge date
- Review additional supports TIL, chair mounting etc.
- Ensure caregivers are enrolled in comprehensive trach/vent course prior to the discharge
- Identify respiratory equipment and supplies

**The following are PROP’s criteria for a client being discharged onto the program:**

- Client is capable of independent living within their community and aware of their care requirements
- Uncuffed tube
- Re-usable inner cannula
- No inline suction
- No PEEP
- Passy Muir valve in line where tolerated
- Care givers are trained and ready for discharge
- Client is not being discharged to a residential care or health authority funded facility



## Provincial Respiratory Outreach Program (PROP)

Phone: Toll Free 1.866.326.1245

(Local and Long-distance)

Fax: 604.326.0176

Email: [prop@bcits.org](mailto:prop@bcits.org)

<http://www.bcits.org>

PROP is a program of the BC Association for Individualized Technology and Supports for People with Disabilities (BCITS).

BCITS acknowledges the financial assistance of the **Province of British Columbia**.  
PROP is funded by the **Ministry of Health** through **Vancouver Coastal Health**.