

### Low Intensity Rehabilitation Management Service Matrix

\* Note – medical conditions must be stable, managed in an RN/RPN scope, not require daily MD assessment

WRHN @Chicopee		St. Joseph Health Centre		Comments
Medical Procedures	Blood Transfusion	Yes*	Yes*	*Able to perform blood transfusion if necessary but needs planning. Transfusion cannot be provided on day of admission. Patient needs to be stable (could otherwise be managed in community as an outpatient). Should have a stable hemoglobin level (ideally 80+) prior to transfer. No platelets.
	Blood work /Lab	Yes*	Yes*	*Can manage daily bloodwork such as I&R, weekly electrolytes. Other bloodwork provide information and rationale for ongoing management.
	Catheters (CBI if needed)	Yes	Yes	
	Colostomy/ Ileostomy	Yes*	Yes*	*Referring source to start teaching.
	Feed Tube	Yes* No NG	Yes* No NG	*Plan for feeding needs to be established. No NG tubes.
	Hemodialysis	Yes*	Yes* only if already supported at GGH satellite site	*Hemodialysis should not interfere with participation and therapy
	IV (Hydration /Antibiotics)	Yes*	Yes*	*Able to manage IV medications (primarily antibiotics). Able to manage PICC lines. Port-a-cath access needs to be maintained at time of transfer. Preplanning and education may be required
	O2*	Portable O2 only (no piped in O2). Max flow rate 5L/min. No high humidity.	Piped in high flow. Non-breather, venti mask. Patient needs to be stable.	*CPAP and BiPAP with pt's own. Pre-planning required.
	Oncology Patients	Yes*	Yes*	*Needs to be medially stable with minimal MD oversight necessary. Any treatment should not interfere with participation in the program
	Palliative	Yes*	Yes*	*Prognosis should be greater than 3 months
	Peritoneal Dialysis	Yes* Established prior to admission	Yes**only if chronic and self-managed.	*Requires pre-planning. <u>Call</u> before accepting to the waiting list. **Chronic refers to a patient who has been doing PD in an ambulatory clinic for at least 30 days. A change to PD treatment does not indicate “acute”. Note: patients should be able to self-manage these changes.
	Total Parenteral Nutrition (TPN)	No	No	
	Tracheostomy	Yes* No humidity.	Yes* Able to take high humidity but needs to be pre- planned	*Well established only and highly independent only. No cuffed trachs.
Wound Care	Yes*	Yes*	*Able to manage. Wounds should not limit the ability to participate. Negative Pressure Wound Care and referral to wound care team if necessary	
Medical Professional	Occupational Therapy (OT)	Yes*	Yes*	Refer to 555 Rehabilitative Care Framework.
	Pharmacy Services	Yes - Mon-Friday (with limited extended hours)	Yes- 7 day a week access to entire formulary. Special orders with 24 hrs notice.	
	Physician	24h coverage, physician on unit M-F, and rounds once a week	24h coverage, physician on unit M-F, and rounds once a week	
	Physiotherapy (PT)	Yes*	Yes*	Refer to 555 Rehabilitative Care Framework.
	RN/RPN	Daily	Daily	
	Respiratory Therapist (RT)	Mon - Fri days. Limited amount pre-planning needed	Mon & Thurs only. Limited amount. Pre-planning needed.	
	Speech Language Pathology (SLP)	Yes*	Yes*	*Communication /swallowing follow-up only; not diagnosis. Not for urgent issues.
	Social Work	Available 4 days per week	Mon - Fri	