

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES**SUBJECT:** CHRONIC VENTILATOR INPATIENT ADMISSION
PROCEDURES**POLICY NO.** 373.5

PURPOSE:: To provide for the safe, appropriate, and timely transfer of chronic ventilator dependent patients (i.e., patients who have required or have the potential to require ventilator support for >30 days) to Rancho Los Amigos National Rehabilitation Center (RLANRC).

POLICY:: All referrals and inquires to transfer Chronic Ventilator dependent patients will be directed to the Centralized Referral and Admission intake coordinators, at (562) 401- 6554.

The intake coordinator will receive the following from the referring agency:

- Agency name
- Contact person
- Call back number
- Patient Information including name, age and location
- Service requested

The designated community liaison nurse will respond to the requesting facility/agency within four (4) working hours of receiving the initial call (Operation hours are Monday - Friday, 8:00 a.m. - 4:30 p.m.). All calls received after hours will be returned the following business day). All unstable for transfer patients will be tracked and monitored on a regular basis by the designated community liaison nurse. The designated nurses will facilitate communication between the referring and accepting physicians and coordinate the transfer.

INCLUSION DIAGNOSIS:: Patients requiring ventilatory support for, but not limited to, the following diagnoses:

I. Neuromuscular Disorders:

Amyotrophic Lateral Sclerosis
Guillain-Barre Syndrome
Muscular Dystrophies
Myasthenia Gravis
Polio and post-polio related problems
Spinal Muscular Atrophy
Spinal Cord Injuries

II. Respiratory Disorders

Chronic Obstruction Pulmonary Diseases
Obstructive Sleep Apnea/Obesity
Hypoventilation Cystic Fibrosis
Pierre Robin Syndrome

III. Spine Deformities

Severe Kyphoscoliosis

**EXCLUSION
DIAGNOSIS::**

- AIDS patients
- Terminal metastases to lungs
- Hospice patients
- Pending surgeries or procedures not done at RLANRC

**ADMISSION
CRITERIA::**

- Patients who have required or have the potential of requiring ventilator support for more than thirty (30) days.
- Tracheotomy in place.
- Age of (6) years and over

**DOCUMENTATION
REQUIRED::**

The referring facility/agency is responsible for assuring that the following required documents arrive with the patient on admission:

- Copies of all medical records including H & P, progress notes and operative reports
- Copies of MRI, C-T scans, ultrasounds, and x- rays

**RLANRC ADMISSION
OFFICE::**

The admission office will follow-up with the referring facility on all accepted patients. The admission office will, depending on the level of care, admit patients to SCU/DOU or general medicine wards. A reminder will be given, by the admission office to the referring facility/agency, of all required documents to accompany the patient to RLANRC.

TRANSPORTATION::

The referring facility will arrange transportation to RLANRC after receiving confirmation of patient's room and unit assignment.

EFFECTIVE DATE: Oct 01, 2002

SUPERCEDES:

APPROVED: Signature on File
